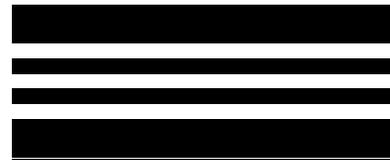


## Driver Training School/ Staff Change Request



School representatives or staff can use this form to request a duplicate staff certificate or let us know when staff adds or changes schools, changes their name/address, or adds/removes an examiner support endorsement.

**When requesting a duplicate certificate**, mail this form and a check or money order for **\$10** payable to the Department of Licensing to:  
Driver Training Schools, Department of Licensing, PO Box 3907,  
Seattle WA 98124-3907



**For all other requests**, mail this completed form or scan and email to:  
Driver Training Schools, Department of Licensing, PO Box 9027, Olympia WA 98507-9027  
Email: tse@dol.wa.gov Fax: (360) 570-4976

### Staff

Request type <i>(check one)</i>	
<input type="checkbox"/> Duplicate certificate - <b>\$10 fee</b>	
<input type="checkbox"/> Change schools <i>(includes replacement certificate)</i>	
<input type="checkbox"/> Name change	
<input type="checkbox"/> Address change	
PRINT or TYPE Name	Certificate number
IF NAME CHANGE – New name	
Mailing address, City, State, ZIP code	
IF ADDRESS CHANGE – New mailing address, City, State, ZIP code	
Email	(Area code) Telephone number

**X**

Staff signature

Date

### School representative

PRINT or TYPE Main school/School district name	License number
School street address, City, State, ZIP code	
Representative name	
Email	(Area code) Telephone number
Staff employment status	
<input type="checkbox"/> Add examiner support endorsement	
<input type="checkbox"/> Remove examiner support endorsement	
<input type="checkbox"/> New staff	
<input type="checkbox"/> Staff no longer employed here. Effective date: _____	

**X**

School representative signature

Date