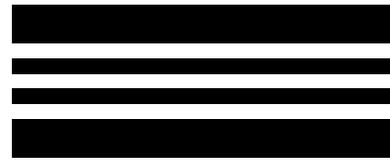




# Driver Training School Instructor Course Approval Request



You can use this form to request approval of a driver training school instructor course. Send this completed form to:



Driver Training Schools  
**Department of Licensing**  
PO Box 9027  
Olympia, WA 98507-9027

Email: tse@dol.wa.gov

Fax: 360-570-4976

|   |                     |                            |                              |
|---|---------------------|----------------------------|------------------------------|
| School name   |                     |                            |                              |
| School street address   |                     |                            |                              |
| City  | State<br>Washington | ZIP code                   | County                       |
| Instructor name   |                     | Teacher certificate number | Expiration date              |
| Instructor mailing address  |                     |                            | (Area code) Telephone number |
| City  | State<br>Washington | ZIP code                   | County                       |
| Street address of course location   |                     |                            |                              |
| City  | State<br>Washington | ZIP code                   | County                       |
| Course dates  |                     | Course times               |                              |
| Number of instruction hours   |                     |                            |                              |
| _____ Classroom (not less than 40 hours. See the subject list at WAC 308-108-090 (2)(b)(iii)) |                     |                            |                              |
| _____ Instruction in behind-the-wheel teaching methods (minimum 40 hours)                     |                     |                            |                              |
| _____ Supervised practice behind-the-wheel teaching of driving techniques (minimum 20 hours)  |                     |                            |                              |
| _____ Other _____   |                     |                            |                              |
| _____ Total hours (must total at least 100 hours per WAC 308-108-090)                         |                     |                            |                              |
| Student name <i>(Last, First, Middle)</i> <b>Attach additional sheets if necessary</b>        |                     | Driver license number      | Proposed teaching location   |
|   |                     |                            |                              |
|   |                     |                            |                              |
|   |                     |                            |                              |
|   |                     |                            |                              |
|   |                     |                            |                              |
|   |                     |                            |                              |
|   |                     |                            |                              |

**PRINT** or **TYPE** name of school owner or designee

**X**

Signature

Date

**For Department Use Only**

Status

Approved  Denied

Program manager or designee signature

**X**

Date