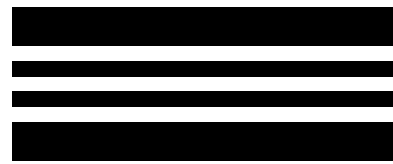




# Driver Training School Closing Report



You can use this form to report a closure of a driver training school. Send this completed report and all materials to:

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

Email: tse@dol.wa.gov  
Fax: 360-570-4976



I, \_\_\_\_\_ owner of

\_\_\_\_\_ License number \_\_\_\_\_  
School name

certify that I have:

- confirmed that all course completions have been entered into SAW portal
- returned the school's license
- returned copies of all instructor's licenses
- provided a list of any students that have not completed the course
- provided a student record for any student that has not completed the course
- verified that all test scores have been entered into the portal
- verified that all unused copies of the knowledge and skills exams forms have been destroyed *(if applicable)*

The owner must maintain all records for three years from the date of course completion. If the owner(s) move, within or out of, Washington State, they must keep us informed of their contact information. If the owner(s) move out of state, we suggest they make arrangements for their records to be stored within this state and inform us of the records location and access information.

Owner contact information:

\_\_\_\_\_

Records location:

\_\_\_\_\_

*I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Date and place

**X**  
Signature of school owner(s)

Department use only	
Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied              Signature _____