

Driver Training School LICENSING Staff Certificate Application

Apply for a Driver Training School staff certificate.

Online: https://professions.dol.wa.gov

Or mail this completed application to:

Driver Training School Programs and Services Division Department of Licensing PO Box 35001 Seattle, WA 98124-3401

22204-APPLICATIONS

For questions or language help call (360) 902-3703

This application is: (check one) ☐ Initial application (fingerprints requ ☐ Renewal (fingerprints required)	uired)					
Applicant information						
Name exactly as it appears on your driver license/ID card (Last, First, Middle initial/name)					Staff certificate number (if available)	
Mailing address						
City		State	ZIP code	Email	ail	
(Area code) Home phone number	Washington o	on driver license number Expira		Expiration	xpiration date	
Military? (check if applicable) Current or former: Military mem	∟ ber □ Mil	itary spou	se or domest	tic partner		
Answer the following 1. Do you have unsupervised contact 2. Are you authorized to enter data it 3. Are you authorized to enter test s	into the SA	W portal f	or waivers an	nd course co	mpletes? □ Yes □ No	
Acknowledgement of privacy	rights			•		
Please make certain you review the www.dol.wa.gov/business/fingerg			Statement at	t		
Declaration						
Any misrepresentation or concea your license.	led materia	al facts w	vill be sufficion	ent cause fo	or denial or suspension of	
Any conduct resulting in violation of cause for revocation or suspension						

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

Signature of applicant

RCW 46.20; 46.61; 46.82; 46.82.325

WAC-308-10

Date and place