Renewing a CDL Training Instructor Authorization

Step 1 – Log into your account. Select **Professional Licenses**.







Step 1 – Select **Renew.**



Step 3 – Gather your Files.

If you indicate anything has **changed** since your initial application, you will need:

- 1. Proof of current out-of-state CDL, if applicable
- 2. Proof of previous out-of-state CDL, if applicable
- Step 4 Answer the **Eligibility** questions, then select **Proceed**.



Step 5 – Verify Full Legal Name & Personal Identification Information.

Tour Full Legal Name	
* First Name	
Marilyn	
Middle Name	
* Last Name	
Monroe	
Suffix	
Tour Personal Identification Information	
* Birthdate	
* Birthdate Jul 1, 1955 * Driver's License Number	
* Birthdate Jul 1, 1955 * Driver's License Number MONROMJ955XX	
* Birthdate Jul 1, 1955 * Driver's License Number MONROMJ955XX * State of Drivers License Issuance	
* Birthdate Jul 1, 1955 * Driver's License Number MONROMJ955XX * State of Drivers License Issuance WA	
* Birthdate Jul 1, 1955 * Driver's License Number MONROMJ955XX * State of Drivers License Issuance WA * Driver License Issuance Date	
* Birthdate Jul 1, 1955 * Driver's License Number MONROMJ955XX * State of Drivers License Issuance WA * Driver License Issuance Date Feb 1, 2016	
* Birthdate Jul 1, 1955 * Driver's License Number MONROMJ955XX * State of Drivers License Issuance WA * Driver License Issuance Date Feb 1, 2016 * Driver License Expiration Date	

Step 6 – Verify Contact Information

Your Contact Information

* Phone

360.902.3674

Check if you have a foreign phone number

Other Phone

* Email

test@dol.wa.gov

Other Email



Step 7 – Verify **Mailing Address,** then Select **Continue**.

Your Mailing Address	
* Country	
United States	
* Address Line 1	
623 Black Lake Blvd SW	
Address Line 2	
*City	
Olympia	
* State	
WA ÷	
* ZIP	
98502-5051	
* County	
Thurston *	×
Validate Address	
	Save And Submit Later Continue

Step 8 – Answer Military Questions, then Select Continue.

•	O	O	O		0
Personal Information	License Information	Endorsement	Attachments		Review and Submit
Military Questions					
*) am a current or former member of the arm Yes No	ed forces, the United States Public Health Service Com	missioned Corps, or the Merchant Marines of the United Si	tates.		
*I am a current or former spouse or registere Ves No	d domestic partner of a military member, and I have ar	existing license in this profession from another state. My s	pouse/partner is being transferred and I am moving	g to Washington.	
Back	٩			Save And Submit Later	Continue

Step 9 – Under Actions, selec the Down Arrow, then select Renew or Remove for each Endorsement Type. Then select Continue.



Step 10 - If needed, Upload the **Required Attachments**, then Select **Continue**.

Step 11 – **Review** the Renewal Application, Sign your **legal name**, and then select **Continue**.

