Renewing a CDL Training Provider (Employer or School) Authorization

Step 1 – Log into your account. Select **Business Licenses** in the top navigation bar, or **Manage Business Account** in the dashboard. Select the business under which you need to renew your license.





Step 2 – Select **Renew.**

Business Licenses

SALAMANDER FREIGHT LLC -CDL Training Provider-Employer

UBI: 123-456-789	
UBI Business ID: 001	
UBI Location ID: 0001	
Email: liz.salamander@emailemail.net	
Business email: liz.salamander@emailemail.net	
Business Phone: 555.555.5555	
Primary Contact Name: LIZ SALAMANDER	
Primary Contact Phone:	

Update business information

Licenses	Account Relationshi	ps	Unsubmitted Applications	Submitted Applicat	ions	Completed Requests
License	License Type	Expiration Dat	e License Status	Sub-status	Renewal/Reinstate nt Status	eme Action
EM123456	CDL Training Provider-Employer	January 17, 20	D21 Expired	None	None	Renew

Step 3 – Gather your Files.

Renew a License

What you'll need

Make sure you meet all the requirements listed on our CDL Training Provider-Employer Website.

Gather your files

- Documentation used for tracking attendance (If Needed)
- Documentation used for tracking actual hours (If Needed)

If payment required, these are the options available:

- Credit or debit card
- Bank account
- Billing code
- If a business or someone else is paying for you, they'll give you a billing code to use as payment.

Proceed

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

- 1. Documentation used for tracking attendance (required for schools)
- 2. Documentation used for tracking actual hours (required for schools)
- 3. Student Enrollment Packet and Syllabus (Schools only)



Step 4 – Verify Company Contact Information

License Renewal: CDL Training Provider-Employer

0	O	O	0
Business Information	License Information	Endorsement	Review and Submit
* Business Structure			
Corporation	•		
*Account Name			
SALAMANDER FREIGHT, LLC			
* Business Email			
lizsalamander@emailemail.net			
* Business Phone			
555.555.5555			
Extension			
Business Website			
Your Mailing Address			



Step 5 – Verify **Mailing Address and Physical 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 t	`
Validate Address	
	Save And Submit Later

Step 6 – Answer the **Profession Specific Questions.**

License Renewal: CDL Training Provider-Employer

Business Information	License	Endorsement	Review and Submit
Profession Specific Questions			
*Has anything changed from your previous application? • Yes No	The questions listed here will change depensions since your initial application (for example, th	ding on how you answer. If nothing has changed le types of training provided, the methods used for	
*Has your UBI or EIN/TIN changed? Yes No	tracking attendance, or any other aspect of y select No and click Continue. Selecting Yes	your original application) has changed, you may and continuing will lead to additional questions.	
*Has your method used for tracking attendance changed? • Yes No			
*Has your method used for tracking actual hours changed? Yes No			

Back

Save And Submit Later Continue



Step 7 – Under Actions, select the Down Arrow, then select Renew or Remove for each Endorsement Type. Then select Continue.

 Select Renew or Remove for each Endorsement
 Date Requested
 Status
 Actions

 class A
 2020-06-19
 Expired

 Renew b
 Renove

 Back
 Value b
 Save And Submit Later Continue

Step 8 - If needed, Upload the **Required Attachments**, then Select **Continue**. If you indicated no changes were necessary, this screen will not display.





Endorsement Details

Step 9 – **Review** the Renewal Application, Sign your **legal name**, and then select **Continue**.

Review and Submit

Questions Review Has anything changed from your previous application?	
No	
Submissions Review	
I certify that	
I will provide complete training as required per WAC 308-100-035 for employers effective January 14,2019.	
Each student/applicant will demonstrate proficiency prior to skills testing.	(r
I will electronically submit actual training hours provided to the Department as required.	S** 0 5
Declaration	
I declare, under penalty of perjury under the law of Washington, that all of the information I've provided in this application and ar	ny associated documents is true, complete, and correc
Signature	
Please type your legal name as shown below.	
Liz Salamander	
Liz Salamander	



Save And Submit Later Continue



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