



Commercial Driver License Training Instructor Initial or Update Registration

Use this form to register as a CDL training instructor or to update your training instructor registration information.

Mail this registration to: CDL Program, Department of Licensing, PO Box 9030, Olympia, WA 98507-9030
or scan and email to: dolcdltpr@dol.wa.gov

Questions?

For more information and complete instructions go to www.dol.wa.gov

Type of registration:

- Initial
- Update

Driver license number	State	Name		
Physical address				
City			State	ZIP code
Type of instruction you are authorized to provide				
<input type="checkbox"/> Classroom/Theory (CFR 380.605)		<input type="checkbox"/> Behind the Wheel (CFR 380.605)		<input type="checkbox"/> Class C
<input type="checkbox"/> Class A		<input type="checkbox"/> Class B		
<input type="checkbox"/> Upgrade from C to B		<input type="checkbox"/> Upgrade from B or C to A		<input type="checkbox"/> HazMat
<input type="checkbox"/> Passenger		<input type="checkbox"/> School Bus		
(Area code) Phone number	Phone type	Email		
Alternate (Area code) Phone number	Phone type			
Schools or employers where you are employed				

Answer the following				
1. Do you meet the qualifications for each type of instruction checked above?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you certify that your CDL has not been canceled, suspended, or revoked due to any of the disqualifying offenses identified in CFR 383.51 in the past 2 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you meet all the instructor requirements as required by the Workforce Training and Education Coordinating Board?				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

_____ **X** _____
 Date and place signed Signature