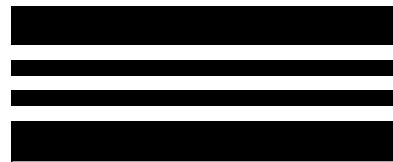




WASHINGTON STATE DEPARTMENT OF
LICENSING

Commercial Driver License Skills Test Mail-in Payment



Use this form to make a payment for CDL skills tests conducted by a DOL Examiner. Do not use this form to pay for tests conducted by a Third Party Examiner. Once your payment is processed, we will email a confirmation. Include a check or money order payable to Department of Licensing and mail to:

Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

106-02-54-000013

Processing your payment can take up to 3 weeks, but scheduling can be completed when payment is received. Dishonored payments will result in skills test taken and/or CDL issued to be invalidated.

Requestor information

Name of approved school or registered employer	(Area code) Daytime phone number	School/Employer ID# (if known)
Contact name	Email (required)	

By typing your name on the signature line, you declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

X

_____ Date and place signed

_____ Contact signature

Skills testing payment for:

	Name (Last, First, Middle initial)	Driver license number	Date of birth	Amount paid	Schl Bus
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
11					<input type="checkbox"/>
12					<input type="checkbox"/>
13					<input type="checkbox"/>
14					<input type="checkbox"/>
15					<input type="checkbox"/>
16					<input type="checkbox"/>
17					<input type="checkbox"/>
18					<input type="checkbox"/>
19					<input type="checkbox"/>
20					<input type="checkbox"/>
				TOTAL	

For additional payments, attach another sheet