

Washington Motorcycle Safety Program Portal Access Change Request

School owners/administrators can use this form to change their employee's access to our portal.

When you have completed this form, save it, and email to: motorcycle@dol.wa.gov If you have questions call (360) 902-3674.

Customer information	
PRINT or TYPE School name	Today's date
Owner/Administrator name (Last, First, Middlel initial)	
Military? <i>(check if applicable)</i> Current or former: Military member Military spouse or domestic part	tner
Name of employee who's access you would like changed (Last, First, Middle initial)	uiei
Level of access requested Administrator Manager Employee	
Reason for change	
	

TYPE Your name here

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