Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

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? *(check if applicable)* Current or former: ☐ Military member ☐ Military spouse or domestic partner	
Name of employee who's access you would like changed *(Last, First, Middle initial)*	
Level of access requested ☐ Administrator ☐ Manager ☐ Employee	
Reason for change	

X _____

TYPE Your name here