

## **Driver Training School Instructor License Application**

### **Initial application**

The following items must accompany a completed application:

- the nonrefundable testing fee
- verification of a high school diploma, GED, or college transcripts
- a driver training instructor log—this log will be filled out by a driver training school (DTS) certified trainer and meet the minimum requirements of WAC 308-108-090 (2)(iii) or submit your completed transcripts if training was conducted through a college
- receipt for submission of a fingerprint based background check to Identogo

The instructor license is valid for two years. Allow a minimum of three weeks for us to review your application and send your examination instructions.

### **Instructor renewals**

A renewal notice will be mailed to your residence 80 days prior to your expiration date. If you do not receive it, contact us at [tse@dol.wa.gov](mailto:tse@dol.wa.gov) or call (360) 664-6692. Applications received after the expiration date will not be processed. You will need to complete an initial application and pay the appropriate fees.

The following must accompany your renewal application:

- the non-refundable fee
- verification of eight hours of continuing professional development (visit [dol.wa.gov/business/drivertraining/dtresources](http://dol.wa.gov/business/drivertraining/dtresources) for resources)
- receipt for submission of fingerprints to Identogo is required if it has been more than five years since your last fingerprint based background check

Allow a minimum of three weeks for us to review your application and send your new license.

### **Knowledge test**

Once your instructor application has been reviewed and approved for testing, we will email you authorization to test. After successfully completing the knowledge test you can schedule a drive test.

To prepare for the test, study the following materials available on our website at [dol.wa.gov](http://dol.wa.gov)

- the Washington Driver Guide
- Instructor Curriculum Requirements for Student Learning and Performance Goals
- Drive Right (available at most driver training schools)

### **Fingerprinting and background checks**

You must get fingerprinted for state and national background checks. Background checks take up to six weeks to complete.

Instructors applying to renew their license must submit for a fingerprint based background check if it has been five years since the last submission.

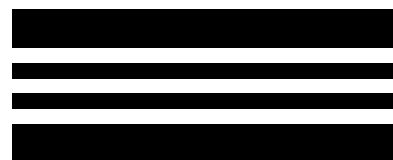
Background results received prior to receipt of the instructor application are retained for no more than 90 days.

If you have questions, please call (360) 664-6692.

**To get your fingerprints taken**, go to [www.identogo.com](http://www.identogo.com) to schedule an appointment at an Identogo location. For more details go to [www.dol.wa.gov/business/fingerprinting.html](http://www.dol.wa.gov/business/fingerprinting.html).

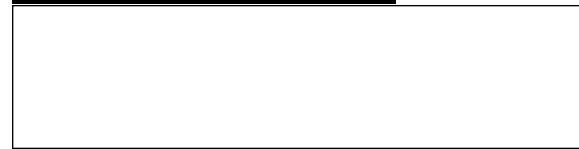
RCW 46.20, RCW 46.61, RCW 46.82, RCW 46.82.325, and WAC 308.108.

**Driver Training School  
Instructor License Application**



You can use this application to apply for a driver instructor license. Send this application, any required attachments, and the nonrefundable fee in a check or money order payable to the Department of Licensing to:

**Driver Training Schools  
Department of Licensing  
PO Box 35001  
Seattle, WA 98124-3401**



This application is (*check one*):

- initial—**\$150** (includes \$125 application fee and \$25 testing fee, fingerprints required, see page 1)
- renewal—**\$100** application fee
- five years since last fingerprint submission (fingerprints required, see page 1)

**Applicant Information**

Name <b>exactly</b> as it appears on your driver license/ID card ( <i>Last, First, Middle initial/name</i> )			
Social Security number required*		Instructor license number ( <i>if available</i> )	
Mailing address			
City	State	ZIP code	Email
Residence address if different from mailing address			
City	State	ZIP code	
Date of birth ( <i>mm/dd/yyyy</i> )	(Area code) Home telephone number	Washington driver license number	Expiration date
Name of driving school you will be employed by. <b>Attach a list of all school locations where you will be instructing.</b>			School license number
Driving school street address			
City	State	ZIP code	

\*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it will result in denial of your application.

**Background**

Fingerprint check If this is your initial application or it has been five years since your last fingerprint submission, you must submit fingerprints for background checks. See page 1 for more information. Date your background/fingerprint check was submitted. . . . . _____	
Answer the following	
1. Have you been a licensed driver for at least five years? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had more than one moving traffic violation within the preceding 12 months or more than two moving traffic violations within the preceding 24 months? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had any traffic violations or suspensions within the preceding 12 months? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had a driver license suspension, cancellation, revocation, or denial within the preceding three years? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
For questions 5-6 "convicted" includes: <ul style="list-style-type: none"> <li>• all instances in which a plea of guilty or nolo contendere (no contest) is the basis of conviction.</li> <li>• all proceedings in which a sentence has been suspended or deferred in all courts, including a military tribunal, or bail forfeiture.</li> </ul>	
5. Have you ever been convicted of any crime (felony, gross misdemeanor, misdemeanor)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been convicted of a crime involving violence? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever held any professional license that was suspended or refused renewal in this state or any other jurisdiction? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Testing location**

Answer the following if this is your initial application

At which driver licensing office do you wish to take your written and driving tests? \_\_\_\_\_

**Acknowledgement of privacy rights**

Please make certain you review the FBI Privacy Act Statement at [www.dol.wa.gov/business/fingerprinting.html](http://www.dol.wa.gov/business/fingerprinting.html). If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from the agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)

**My signature below affirms the following:**

I authorize DOL to review my Washington and out of state drive records as necessary to ensure I meet all qualifications.

I understand federal and state laws may require release of the results of this background check, and any prior background checks in response to a public disclosure request or civil discovery.

I understand any incomplete or unreadable information may stop or delay processing and that my employment is contingent upon successful clearance of this background check.

**Affidavit**

Any misrepresentation or concealed material facts will be sufficient cause for denial or suspension of your license. Any conduct resulting in violation of the laws governing driver training schools or instructors will be just cause for revocation or suspension of your license or other sanctions. (RCW 18.235 and RCW 46.82)

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**X**

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Signature of applicant

**Training – to be completed by school owner**

**For initial licensing:** If you have received the required training from a licensed and certified driver instructor trainer, have the school owner provide a copy of your training log.

**For renewals:** Proof of 8 hours of continuing professional development is required. Attach additional sheets if necessary.

Date	Number of hours	Certified trainer name	Certificate number	Location of training	Continuing education

Has this applicant obtained all the required training? .....  Yes  No

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

**X**

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Signature of school owner

**For Department Use Only**

Attachments received:  ADR  Diploma  GED certificate  Proof of TSE Course  Verification of training

Background/ Fingerprint check: Received \_\_\_\_\_  Satisfactory  Unsatisfactory      Testing: DT \_\_\_\_\_ KT \_\_\_\_\_

Status:  Denied  Approved By \_\_\_\_\_

License number \_\_\_\_\_ Expiration \_\_\_\_\_