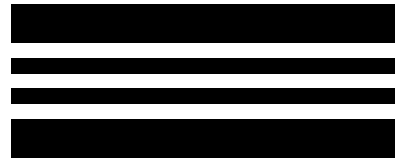




Driver Training School Certified Examiner Training Notification



Use this form to notify the Department of Licensing that you will be conducting certified examiner training. DOL must receive this notification a minimum of 14 days prior to the start of training. Send this completed form to:

Driver Training Schools
Department of Licensing
PO Box 9027
Olympia, WA 98507-9027



Email: tse@dol.wa.gov
Fax: 360-570-4976

Training location address			
City	State	ZIP code	County
Master Examiner name		License number	
Master Examiner mailing address			(Area code) Telephone number
City	State	ZIP code	County
Course dates		Course times	

PRINT or TYPE Name of Master Examiner

X

Signature

Date