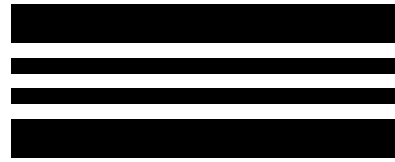




# Driver Training School Proof of Continuing Education



Driver Training School instructors can use this form to report satisfactory completion of a continuing education course. When completed and signed, fax this form to (360) 570-4976 or send to:

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

Email: [tse@dol.wa.gov](mailto:tse@dol.wa.gov)



### Instructor

Instructor name		License number	
Course title	Dates and time	Hours of education	
Answer the following Do you understand that the Department of Licensing may contact the course sponsor to verify this information? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Date and place
X
Instructor signature

### Course Sponsor

Course sponsor name		(Area code) Telephone number	
Address			
City	State	ZIP code	

*I certify that this instructor has completed and passed the coursework listed above.*

Date and place
X
Course sponsor signature