



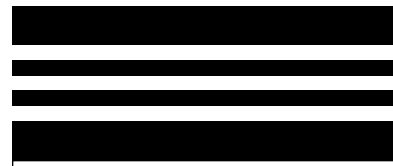
WASHINGTON STATE DEPARTMENT OF
LICENSING

Driver Training School/ Instructor Change Request

School representatives or instructors can use this form to request a duplicate instructor license or let us know when an instructor adds or changes schools, changes their name/address, or adds a trainer endorsement.

When requesting a duplicate license, mail this form and a check or money order for **\$10** payable to the Department of Licensing to:
Driver Training Schools, Department of Licensing, PO Box 35001,
Seattle WA 98124-3401

For all other requests, mail this completed form or scan and email to:
Driver Training Schools, Department of Licensing, PO Box 9027, Olympia WA 98507-9027
Email: tse@dol.wa.gov Fax: (360) 570-4976



22281-SUPPORTING

Instructor

Request type <i>(check one)</i>	
<input type="checkbox"/> Duplicate license— \$10 fee	
<input type="checkbox"/> Name change—Provide proof of legal name change	
<input type="checkbox"/> Address change	
<input type="checkbox"/> Add trainer endorsement <i>(attach documentation of 1,000 hours instruction or 5 years experience)</i>	
PRINT or TYPE Name	License number
IF NAME CHANGE – New name	
Mailing address, City, State, ZIP code	
IF ADDRESS CHANGE – New mailing address, City, State, ZIP code	
Email	(Area code) Telephone number

X

Instructor signature

Date

School representative

PRINT or TYPE Main school/School district name	License number
School street address, City, State, ZIP code	
Representative name	
Email	(Area code) Telephone number
Instructor employment status	
<input type="checkbox"/> New instructor	
<input type="checkbox"/> Instructor no longer employed here. Effective date: _____	

X

School representative signature

Date