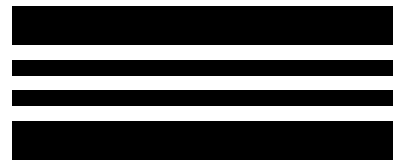




Request to Administer Driver License Examinations



Use this form to apply for authority to administer driver licensing examinations. Applicants must be licensed driver training schools or public schools recognized by the Office of the Superintendent of Public Instruction. You must have access to a computer to administer examinations.



22202-APPLICATIONS

Mail this completed request and all required materials or scan and email to:

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

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

You must also include:

- 1. Driver Training Schools Examiner Roster (DTS-661-024):** Each licensed instructor or certified OSPI on your list must be a certified examiner, knowledge examiner, or master examiner. List all examiners of these types that will be administering exams at your school.
- 2. Driver Training Schools Examinations Staff Roster (DTS-661-025):** A staff member is someone who currently is not an instructor but is authorized to access training materials and enter exam scores. All staff, except OSPI, are required to have fingerprint/background checks prior to accessing the training materials and entering test scores.
- 3. Driver Training Schools Examinations Site Information (DTS-661-023):** Examination sites include all driver training school or high school locations within a district where you will administer examinations.
- 4. Exam routes:** A minimum of two exam routes where skills examinations will be conducted, as required in the Guidelines and Requirements Manual, Section 7 if your schools are planning to do skills examinations.

If you have additional questions, contact (360) 902-3703.

Business information

Type of school <input type="checkbox"/> Driver training school – UBI _____ <input type="checkbox"/> Public school district		Type of examinations school plans to administer <input type="checkbox"/> Both skills and knowledge <input type="checkbox"/> Knowledge only	
TYPE or PRINT School name (as it appears on your license – OSPI fill in school district)			Certificate/License number
Physical address of main driving school or school district (Address, City, State, ZIP code)			
Mailing address of main driving school or school district, if different (Address, City, State, ZIP code)			
School website			
Contact name (main point of contact for driving school or school district)		Contact title	
Contact (Area code) telephone number	Contact email		
Agreement manager name (main point of contact for agreement and agreement manager with the Department of Licensing to administer examinations)			
Agreement manager mailing address (Address, City, State, ZIP code)			
Agreement manager (Area code) telephone number	Agreement manager email		

For office use only			
Application received (date)	Reviewed by (Driver training school program)	Action taken Approved _____ Denied _____ Applicant notified _____	