Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver Training School Driver License Examiner Roster

[redacted]

22202-EXAMINATIONS

Use this form to let us know which instructors will be working at your school that are either a master examiner, certfied examiner, or certified knowledge examiner. Agreement Manager signs below; attach additional pages if needed.

Mail this completed roster 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

Driving school or school district name	
1 Examiner name *(First, Middle initial, Last)*	☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
2 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
3 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
4 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
5 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
6 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
7 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
8 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
9 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number
10 Examiner name *(First, Middle initial, Last)*	License/Certificate number ☐ ME ☐ CE ☐ CKE
Email	License/Certificate number

X **When you have completed this form, please print it out and sign and date here.**

School Agreement Manager signature (required) Date