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WASHINGTON STATE DEPARTMENT OF LICENSING

Driver Training Schools Examinations Staff Roster

Use this form to let us know of staff members that will be authorized to enter test scores on behalf of your school. OSPI staff members must have submitted registration paperwork and driver training school staff members must have completed the staff application. Agreement Manager sign and date. Attach additional pages if needed.

22202-EXAMINATIONS

Mail this completed roster or scan and email to:

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

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

List staff only (non-instructor/examiner) on this roster.

Main driving school or school district name		License/Certificate number
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #
Staff name *(First, Middle initial, Last)*	Email	Cert #

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

School Agreement Manager signature (required) Date