



WASHINGTON STATE DEPARTMENT OF  
**LICENSING**

# Driver Training School Staff Certificate Application



Apply for a Driver Training School staff certificate.

Online: <https://professions.dol.wa.gov>

Or mail this completed application to:

**Driver Training School Programs and Services Division**  
**Department of Licensing**  
**PO Box 35001**  
**Seattle, WA 98124-3401**



For questions or language help call 360-902-3703

**This application is:** *(check one)*

- Initial application (fingerprints required)
- Renewal (fingerprints required)

**Applicant information**

Name <b>exactly</b> as it appears on your driver license/ID card <i>(Last, First, Middle initial/name)</i>			Staff certificate number <i>(if available)</i>		
Mailing address					
City		State	ZIP code	Email	
(Area code) Home phone number		Washington driver license number		Expiration date	
Military? <i>(check if applicable)</i>					
Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner					
Answer the following					
1. Do you have unsupervised contact with students? .....				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you authorized to enter data into the SAW portal for waivers and course completes? .....				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you authorized to enter test scores into the SAW portal on behalf of your school? .....				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Acknowledgement of privacy rights**

Please make certain you review the FBI Privacy Act Statement at [www.dol.wa.gov/business/fingerprinting.html](http://www.dol.wa.gov/business/fingerprinting.html).

**Declaration**

**Any misrepresentation or concealed material facts will be sufficient cause for denial or suspension of your license.**  
Any conduct resulting in violation of the laws governing driver training schools or instructors will be just cause for revocation or suspension of your license or other sanctions. RCW 18.235; 46.82

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_

\_\_\_\_\_

Date and place

TYPE or PRINT Name

**X**

Signature of applicant