



OSPI Program Changes

Driver training schools can use this form to report personnel changes or to report program closure.
Send this completed form to:

Driver Training Schools
Department of Licensing
PO Box 9027
Olympia WA 98507-9027

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

School information

PRINT or TYPE School name		Registration number
School street address, City, State, ZIP code <input type="checkbox"/> Check this box if new address		
Contact name	Contact title	
(Area code) Telephone number	Email	

Add/Remove staff

Instructors/Examiners—New instructors/examiners must first be approved by OSPI. Email: K12TSE@k12.wa.us for approval.

Name exactly as it appears on their driver license/ID card (<i>Last, First, Middle initial/name</i>)	DOL certificate number	Date of birth (<i>mm/dd/yyyy</i>)	OSPI use only <input type="checkbox"/> Approved
Status <input type="checkbox"/> Add <input type="checkbox"/> Delete	Position <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only		
(Area code) Telephone number	Email		

Staff/Support

Name exactly as it appears on their driver license/ID card (<i>Last, First, Middle initial/name</i>)	DOL certificate number	Date of birth (<i>mm/dd/yyyy</i>)
Status <input type="checkbox"/> Add <input type="checkbox"/> Delete	Position <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support	
(Area code) Telephone number	Email	

TSE Coordinator/Superintendent

Name exactly as it appears on their driver license/ID card (<i>Last, First, Middle initial/name</i>)	DOL certificate number	Date of birth (<i>mm/dd/yyyy</i>)
Status <input type="checkbox"/> Add <input type="checkbox"/> Delete	Position <input type="checkbox"/> TSE Coordinator <input type="checkbox"/> Superintendent	
(Area code) Telephone number	Email	

Program closure

Answer the following if the TSE program is closing
Have you:

1. Confirmed that all course completions have been entered into SAW portal? Yes No
2. Provided a list of any students that have not completed the course? Yes No
3. Provided a student record for any student that has not completed the course? Yes No
4. Verified that all test scores have been entered into the portal? Yes No
5. If applicable, verified that all unused copies of the knowledge and skills exams have been destroyed?. Yes No

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place signed	PRINT or TYPE Name X Signature
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