



STATE OF WASHINGTON
 DEPARTMENT OF LICENSING
 PO Box 9020 • Olympia, Washington 98507-9020

Temporary Authorization to Operate a Motor Vehicle in the State of Washington

This will authorize _____,
Name
 driver license number _____,
 residing at _____,
Residence address

to operate a motor vehicle on the highways of the state of Washington, subject to the following restrictions:

Instruction permit – **Must be accompanied by licensed driver with 5 years driving experience.**

Instruction permit number Expires _____

Temporary driver license _____
Temporary driver license number Expires _____

For drive test purposes only – **Must be accompanied by a DOL licensing services representative or driver training school/public school certified examiner.**
 Expires (date and time) _____

Restrictions _____

Other _____

X _____
 Signature of licensing services representative/examiner*

 Office/School

***Authorization is valid only when signed by a DOL licensing services representative or driver training school/public school certified examiner.**

I accept a Washington State temporary authorization to operate a motor vehicle subject to the conditions above. A violation of any condition may result in suspension of my driving privilege. I also acknowledge that I must meet the requirements of Chapter 46.20 RCW, including payment of all appropriate fees and qualification on all required exams, to remove/revise these conditions.

X _____
 Driver signature Date