

TSE Certificate Request

FOR DEPARTMENT USE ONLY	
Qty issued _____	Date _____
Nos _____	to _____

Driver training schools may use this form to order traffic safety education completion certificates.
Please allow 30 days for processing.

Mail your completed request to: Driver Training Schools
Department of Licensing
PO Box 9030
Olympia, WA 98507-9030

or fax to: (360) 570-4976

School name <input type="checkbox"/> If branch, check box		School/ Branch number	
Mailing address		(Area code) Telephone number	
City		State WA	ZIP code
Number of certificates requested	Certificate coverage period <input type="checkbox"/> January-April <input type="checkbox"/> May-August <input type="checkbox"/> September-December		

Print or type name of school owner

X _____
Signature of school owner

Date signed

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.*