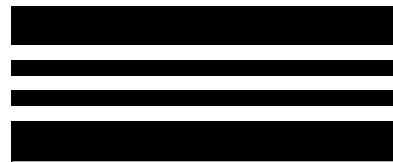




WASHINGTON STATE DEPARTMENT OF  
**LICENSING**

**Commercial Driver License  
Skills Test  
Mail-in Payment**



Use this form to make a payment for CDL skills tests conducted by a DOL Examiner. Do not use this form to pay for tests conducted by a Third Party Examiner. Once your payment is processed, we will email a confirmation. Include a check or money order (payable to Department of Licensing) and mail to:

**Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048**

106-02-54-000013

Processing your payment can take up to 3 weeks, but scheduling can be completed when payment is received. Dishonored payments will result in skills test taken and/or CDL issued to be invalidated.

**Requestor information**

Name of approved school or registered employer	(Area code) Daytime phone number	School/Employer ID# (if known)
Contact name	Email (required)	

*By typing your name on the signature line, you declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

**X**

\_\_\_\_\_  
Date and place signed

\_\_\_\_\_  
Contact signature

**Skills testing payment for:**

	Name (Last, First, Middle initial)	Driver license number	Date of birth	Amount paid	Schl Bus
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
11					<input type="checkbox"/>
12					<input type="checkbox"/>
13					<input type="checkbox"/>
14					<input type="checkbox"/>
15					<input type="checkbox"/>
16					<input type="checkbox"/>
17					<input type="checkbox"/>
18					<input type="checkbox"/>
19					<input type="checkbox"/>
20					<input type="checkbox"/>
	<b>TOTAL</b>				

For additional payments, attach another sheet