



Driver Training School License Application

Apply for or renew a driver training school license.

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

Or mail this completed application, any required attachments, and the nonrefundable fee in a check or money order (payable to the Department of Licensing) to:

**Driver Training Schools
Department of Licensing
PO Box 35001
Seattle WA 98124-3401**



Fees (check one)

- Main school initial application—**\$500**
- Main school renewal application—**\$250**
- Purchase of existing school application—**\$500** (attach sales agreement)

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Fingerprints

Owners, instructors, and staff who have regular unsupervised contact with students, have access to the school portal, or who are involved in testing must be fingerprinted for state and national background checks. Each person must go to <https://www.identogo.com> to schedule an appointment at an Identogo location of MorphoTrust, our electronic fingerprinting vendor.

For more details go to <https://www.dol.wa.gov/business/fingerprinting.html>.

Applicant information

| | | |
|--|--|---------------------------------------|
| TYPE or PRNT Name of school as you would like it to read on your license | | School license number (renewals only) |
| Physical address (Street, City, State, ZIP code) | | County |
| Mailing address, if different (no residential addresses) | | |
| (Area code) Phone number at this location | Name of on-site manager at this location | Main school email |
| Type of business <input type="checkbox"/> Owner (sole proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ | | |
| UBI/UBI Business ID/UBI Location ID (16 digits) | | |
| Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner | | |

Location change (if applicable)

| |
|---|
| Existing location (Street address, City, State, ZIP code) |
| New location (Street address, City, State, ZIP code) |

Owners/Interest holders information—List all owners, partners, associates, corporate officers, and substantial interest holders (i.e., someone who owns the instruction vehicles other than the owner, excluding financial institutions). If business is a sole proprietorship, do you want a spouse listed as an owner? Attach additional sheets if needed.

Failure to disclose owner information may result in license denial or suspension.

| Name | Position | (Area code) Phone number |
|------|----------|--------------------------|
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| | | |

Legal background

Answer the following

Answer the questions below. If you answer “Yes,” attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? Yes No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

Location—attach a copy of current lease including any amendments made since the last renewal

Answer the following

1. Is the school or branch located at least 1,000 feet or more away from any Department of Licensing office where examinations for driver licenses are conducted? Yes No
2. Is the school or branch located in a district zoned for business or commercial purposes and in a building space used exclusively for giving driver education? (If yes, attach a lease agreement copy.) Yes No
3. Is the branch located in a high school? (If yes, attach copy of the school district agreement.) Yes No

Insurance—Proof of automotive liability insurance must show coverage of at least one million dollars, and must include property damage and uninsured motorists coverage. **Attach a copy of the policy or binder showing the required coverage.**

| | | |
|------------------------|---------------|----------------------------------|
| Insurance company name | Policy number | Company (Area code) Phone number |
|------------------------|---------------|----------------------------------|

Vehicles

Enter the number of driver training cars used by your school: _____
List each car, use additional sheets, if necessary.

| Year | Make | Model | License number | Location | Dual controls? |
|------|------|-------|----------------|----------|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Affidavit

Any misrepresentation or concealed material facts is sufficient cause for denial or suspension of your license. Any conduct resulting in violation of the laws governing driver training schools or instructors is just cause for revocation or suspension of your license or other sanctions.

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

| | |
|-----------------------|--|
| | PRINT or TYPE Name of owner, partner, associate, or corporate officer |
| Date and place signed | X Signature |
| | |
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