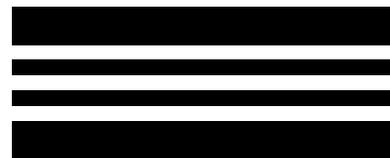




Driver Training School Instructor License Application



Apply for a driver instructor license.

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

Or mail this 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)

- Initial – \$125 application fee
- Renewal – \$100 application fee

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 \$ _____

Applicant Information

Name exactly as it appears on your driver license/ID card (<i>Last, First, Middle initial/name</i>)			Instructor license number (<i>if available</i>)	
Mailing address				
City	State	ZIP code	Email	
Date of birth (<i>mm/dd/yyyy</i>)	(Area code) Home phone number	Washington driver license number	Expiration date	
Military? (<i>check if applicable</i>) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner				

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, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
2. Within the last 5 years, in this state or any other jurisdiction, have you 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

Certification

Answer the following

1. Have you been a licensed driver for at least 5 years? Yes No
2. Have you had more than one moving traffic violation within the preceding 12 months or more than two moving traffic violations within the preceding 24 months? Yes No
3. Have you had any traffic violations or suspensions within the preceding 12 months? Yes No
4. Have you had a driver license suspension, cancellation, revocation, or denial within the preceding three years? Yes No

Certification *continued*

5. Do you authorize DOL to review your Washington and out-of-state drive records as necessary to ensure you meet all qualifications? Yes No

6. Have you reviewed the FBI Privacy Act Statement and the Noncriminal Justice Applicant's Privacy Rights located at <https://www.dol.wa.gov/business/fingerprinting.html> (see CFR 16,30 through 16.34) Yes No

7. Do you understand federal and state laws may required release of the results of this background check and any prior background checks in response to a public disclosure request or civil discovery? Yes No

8. Do you understand any incomplete or unreadable information may stop or delay processing and that your employment is contingent upon successful clearance of this background check? Yes No

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

Date and place

TYPE or PRINT Name
X
Signature of applicant

Training—to be completed by school owner

For initial licensing: If you have received the required training from a licensed and certified driver instructor trainer, have the school owner provide a copy of your training log.

For renewals: Proof of 8 hours of continuing professional development is required.

Attach additional sheets if necessary.

Date	Number of hours	Certified trainer name	Certificate number	Location of training	Continuing education

Answer the following
Has this applicant obtained all the required training? Yes No

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

Date and place

TYPE or PRINT Name
X
Signature of school owner