

You are choosing to be a certified knowledge examiner. A certified knowledge examiner:

- **May administer the knowledge exam only**

Due to system limitations, your name will still appear in the skills examination drop down box in the portal. This does not mean that you are authorized to administer skills examinations. **If you give skills examinations, you and your school's ability to administer exams may be suspended.**

By signing this document, you agree to administer knowledge exams in accordance with the Instructor Examiner's Guidelines and Requirements Manual, WAC 308-110, and the Statement of Work to your school's Agreement to administer examinations. Certified knowledge examiners are expected to follow the guidelines and requirements for administering examinations, and must proctor knowledge exams exactly as described. Failure to do so may result in suspension of you and your school's ability to administer examinations.

To become a certified knowledge examiner, you must:

- Be in good standing with no disciplinary actions from the Department of Licensing or the Office of the Superintendent of Public Instruction in the past 12 months
- Complete the Department's Knowledge Exam Tutorial which includes: proper delivery and scoring of knowledge examinations, and proper use of all Department required forms.
- Pass the quiz at the end of the Tutorial with a score of 100% and keep a copy
- Sign this document
- Send this signed document and a copy of your Tutorial quiz to:

Driver Training Schools  
Department of Licensing  
PO Box 9027  
Olympia, WA 98507  
Email: [tse@dol.wa.gov](mailto:tse@dol.wa.gov)  
Fax: 360-570-4976

Please allow 7-10 days for processing. You **may not** administer knowledge exams until you receive approval from us.

*By signing below, you are accepting and agreeing to the responsibilities of being a certified knowledge examiner*

\_\_\_\_\_  
**PRINT or TYPE** Instructor examiner name and license number

\_\_\_\_\_  
(Area code) Telephone number

\_\_\_\_\_  
Email

\_\_\_\_\_  
School name and license number

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Department use only**

Status: ☐ Denied ☐ Approved By \_\_\_\_\_ Date \_\_\_\_\_