



Driver Training School Branch License Application



Use this form to apply for or renew a driver training school license.

Apply online: <https://professions.dol.wa.gov>

Or mail the 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)

- Branch school initial application—\$250
- Branch school renewal application—\$125

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 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 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)		Employer identification number (EIN)
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 and city
New location street address and city

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? Adding them later may require a new application and fees. Attach additional sheets, if needed. **Failure to disclose owner information may result in license denial or suspension.**

Name	Position	(Area code) Phone number

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

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.

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