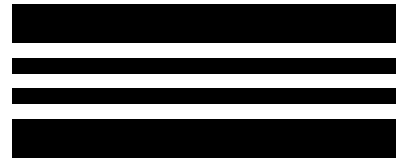




Driver Training School Certified Examiner Training Notification



Use this form to notify us that you will be conducting certified examiner training. We must receive this notification a minimum of 14 days prior to the start of training.

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

Or send this completed form to:

**Driver Training Schools
Department of Licensing
PO Box 9027
Olympia, WA 98507-9027**

For questions or language help email: tse@dol.wa.gov



Training location address			
City	State	ZIP code	County
Master Examiner name			License number
Master Examiner mailing address			(Area code) Phone number
City	State	ZIP code	County
Course dates		Course times	

PRINT or TYPE Name of Master Examiner

X

Signature

Date