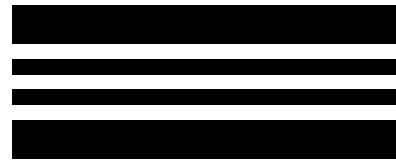




Driver Training School Closing Report



Report a closure of a driver training school.

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

Or send this completed report and all materials to:

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

Email: tse@dol.wa.gov



I, _____ owner of

_____ License number _____
School name _____

certify that I have:

- confirmed that all course completions have been entered into SAW portal
- returned the school's license
- returned copies of all instructor's licenses
- provided a list of any students that have not completed the course
- provided a student record for any student that has not completed the course
- verified that all test scores have been entered into the portal
- verified that all unused copies of the knowledge and skills exams forms have been destroyed *(if applicable)*

The owner must maintain all records for three years from the date of course completion. If the owners move, within or out of Washington State, they must keep us informed of their contact information. If the owners move out of state, we suggest they make arrangements for their records to be stored within this state and inform us of the records location and access information.

Owner contact information:

Records location:

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

TYPE or PRINT Name
X
Signature of school owners

Date and place

Department use only	
Date _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature _____