| WASHINGTON STATE DEPARTMENT OF Driver Training School/<br>LICENSING Instructor Change Request   |    |
|---|----|
| Driver training school instructors can request a duplicate instructor license, change their name/address, or add a trainer endorsement.   |    |
| Online: <u>https://professions.dol.wa.gov</u>   |    |
| Or when requesting a duplicate license by mail include this completed form and a \$5 check or money order (payable to the Department of Licensing) to:  | II |
| Driver Training Schools<br>Department of Licensing<br>PO Box 35001<br>Seattle WA 98124-3401   |    |
| Licenses are available for self-printing with an online account.<br>If you want us to print and mail your license add a \$5 print fee for each copy to your payment.<br>\$0 self-print license online.<br>\$5 each. DOL print and mail license. Quantity Total \$ |    |
| For all other requests, mail this completed form or scan and email to:  |    |
| Driver Training Schools<br>Department of Licensing<br>PO Box 9027<br>Olympia WA 98507-9027  |    |
| Email: <u>tse@dol.wa.gov</u>  |    |
| For questions or language help call: (360) 902-3703   |    |
|   |    |
| Instructor  |    |
| Request type (check one)  |    |
| Name change – Provide proof of legal name change  |    |
| Address change Add trainer endorsement (attach documentation of 1,000 hours instruction or 5 years experience)  |    |
| TYPE or PRINT Full legal name License number  |    |
| If name change–New name   |    |
|   |    |
| Mailing address, City, State, ZIP code  |    |
| If address change-New mailing address, City, State, ZIP code  |    |
|   |    |

TYPE or PRINT Name

## X

Instructor signature

Date