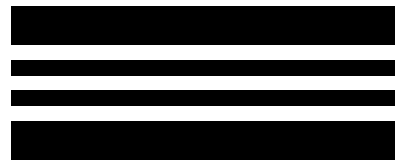




Driver Training Schools Examinations Site Information



Identify your school locations that are administering examinations or add/remove a location from your agreement. Attach additional pages if needed.

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

For questions or language help call: (360) 902-3703



TYPE or PRINT Main driving school or school district name				License/Certificate number	
1 School name				License/Certificate number	Status <input type="checkbox"/> Add <input type="checkbox"/> Delete
Physical address, City, State, ZIP code					
Mailing address, City, State, ZIP code <i>(if different)</i>					
Contact name		Title	(Area code) Phone number		Email
Days available for written and drive tests <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Hours available for written and drive tests _____ a.m. <input type="checkbox"/> p.m. to _____ a.m. <input type="checkbox"/> p.m.		Knowledge examinations only <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 School name				License/Certificate number	Status <input type="checkbox"/> Add <input type="checkbox"/> Delete
Physical address, City, State, ZIP code					
Mailing address, City, State, ZIP code <i>(if different)</i>					
Contact name		Title	(Area code) Phone number		Email
Days available for written and drive tests <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Hours available for written and drive tests _____ a.m. <input type="checkbox"/> p.m. to _____ a.m. <input type="checkbox"/> p.m.		Knowledge examinations only <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 School name				License/Certificate number	Status <input type="checkbox"/> Add <input type="checkbox"/> Delete
Physical address, City, State, ZIP code					
Mailing address, City, State, ZIP code <i>(if different)</i>					
Contact name		Title	(Area code) Phone number		Email
Days available for written and drive tests <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Hours available for written and drive tests _____ a.m. <input type="checkbox"/> p.m. to _____ a.m. <input type="checkbox"/> p.m.		Knowledge examinations only <input type="checkbox"/> Yes <input type="checkbox"/> No	
4 School name				License/Certificate number	Status <input type="checkbox"/> Add <input type="checkbox"/> Delete
Physical address, City, State, ZIP code					
Mailing address, City, State, ZIP code <i>(if different)</i>					
Contact name		Title	(Area code) Phone number		Email
Days available for written and drive tests <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Hours available for written and drive tests _____ a.m. <input type="checkbox"/> p.m. to _____ a.m. <input type="checkbox"/> p.m.		Knowledge examinations only <input type="checkbox"/> Yes <input type="checkbox"/> No	