

OSPI School District/ Instructor Registration

If your school district is registered under the Office of Superintendent of Public Instruction (OSPI), you can register with us to submit student permit waivers and completion certificates electronically. You must have access to a computer to enter certificates electronically.

Email this registration to OSPI Traffic Safety Education at <u>K12TSE@k12.wa.us</u> Or mail to: OSPI Traffic Safety Education, PO Box 47200, Olympia WA 98504-7200



When you receive the approved copy of this registration from OSPI Traffic Satey Education go to <u>https://professions.dol.wa.gov</u>. You will upload this document in the online process.

For questions or language help call (360) 902-3703 or email <u>tse@dol.wa.gov</u>. Allow two weeks for processing.

Registration type

☐ New☐ Renewal

School district

TYPE or PRINT School district name			DOL certificate number	
Physical address of school district (Address, City, State, ZIP code) District (Area code) Phone number	
Mailing address of school district, if different (Address, City, State, ZIP code)				
Contact name (Main point of contact for school district)				
Contact title	(Area code) Phone number	Email		
TSE coordinator	(Area code) Phone number	Email		
Superintendent	(Area code) Phone number	Email		

High schools

1 High school name		Status	Delete	DOL certificate number	
Physical address (Address, City, State, ZIP code)					
Mailing address, if different (Address, City, State, ZIP code)					
Contact name		Contact title			
(Area code) Phone number	Email				
2 High school name	1		Status	Delete	DOL certificate number
Physical address (Address, City, State, ZIP code)					
Mailing address, if different (Address, City, State, ZIP code)					
Contact name 0		Contact title			
(Area code) Phone number	Email				

Continue to page 2 if you need additional space for high schools. Continue to page 3 Instructors if you don't. DTS-661-026 (R/5/21)WA Page 1 of 4

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ligh schools—continue 3 High school name			Status	DOL certificate number
			\Box Add \Box Delete	
Physical address (Address, City, S	tate, ZIP code)			
Mailing address, if different (Addre	ss, City, State, ZIP code)			
Contact name		Contact title		
(Area code) Phone number	Email			
4 High school name			Status	DOL certificate number
Physical address (Address, City, S	tate, ZIP code)			
Mailing address, if different (Addre	ss, City, State, ZIP code)			
Contact name		Contact title		
(Area code) Phone number	Email			
5 High school name			Status	DOL certificate number
Physical address (Address, City, S	tate, ZIP code)			
Mailing address, if different (Addre	ss, City, State, ZIP code)			
Contact name		Contact title		
(Area code) Phone number	Email			
6 High school name			Status	DOL certificate number
Physical address (Address, City, S	tate, ZIP code)			
Mailing address, if different (Addre	ss, City, State, ZIP code)			
Contact name		Contact title		
(Area code) Phone number	Email			
7 High school name			Status	DOL certificate number
Physical address (Address, City, S	tate, ZIP code)			
Mailing address, if different (Addre	ss, City, State, ZIP code)			
Contact name		Contact title		
(Area code) Phone number	Email			

Copy this page if you will need additional space for instructors.

Instructors–Required for new and renewal applications. All classroom and behind-the-wheel instructors must register for access to our portal. **Attach additional pages if needed.**

1 Name exactly as it appears on their driver license/ID card (Last, First, Middle initial/name) Date of birth (mm/dd/yyyy) OSPI use onl Image: Description of the initial descripticant description of the initial description				OSPI use only		
DOL certificate number	(Area code) Phone number	Email				
Registration type	aminer 🛛 Knowledge only	J				
	bears on their driver license/ID card (Last	t, First, Middle initial/name)	Date of birth (mm/dd/yyyy)	OSPI use only		
DOL certificate number	(Area code) Phone number	Email				
Registration type	aminer 🛛 Knowledge only					
3 Name exactly as it app	bears on their driver license/ID card (Last	t, First, Middle initial/name)	Date of birth (mm/dd/yyyy)	OSPI use only		
DOL certificate number	(Area code) Phone number	Email				
Registration type	aminer 🛛 Knowledge only					
4 Name exactly as it app	bears on their driver license/ID card (Last	t, First, Middle initial/name)	Date of birth (mm/dd/yyyy)	OSPI use only		
DOL certificate number	(Area code) Phone number	Email	<u> </u>			
Registration type	aminer 🛛 Knowledge only					
5 Name exactly as it app	bears on their driver license/ID card (Last	t, First, Middle initial/name)	Date of birth (mm/dd/yyyy)	OSPI use only		
DOL certificate number	(Area code) Phone number	Email				
Registration type						
6 Name exactly as it app	bears on their driver license/ID card (Last	t, First, Middle initial/name)	Date of birth (mm/dd/yyyy)	OSPI use only		
DOL certificate number	(Area code) Phone number	Email				
Registration type	aminer 🛛 Knowledge only					
7 Name exactly as it app	bears on their driver license/ID card (Last	t, First, Middle initial/name)	Date of birth (mm/dd/yyyy)	OSPI use only		
DOL certificate number	(Area code) Phone number	Email				
Registration type						
8 Name exactly as it app	bears on their driver license/ID card (Last	t, First, Middle initial/name)	Date of birth (mm/dd/yyyy)	OSPI use only		
DOL certificate number	(Area code) Phone number	Email				
Registration type						
	bears on their driver license/ID card (Last	t, First, Middle initial/name)	Date of birth (mm/dd/yyyy)	OSPI use only		
DOL certificate number	(Area code) Phone number	Email				
Registration type	aminer 🛛 Knowledge only					

Certification

Answer the following	
1. Is this school district operating a traffic safety education program that follows the approved/	
required curriculum maintained by the Office of the Superintendent of Public Instruction and the Department of Licensing?	□ No
2. Does the program meet the course delivery standards approved by the Office of the Superintendent of Public Instruction?	🗆 No
3. Does the program have a record retention policy in place to meet the requirements of RCW 28A.220.030(5)?	🗆 No
4. Has the school district verified that all instructors are authorized by the Office of the Superintendent of Public Instruction to teach a driver training education course.? □ Yes	🗆 No

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

TYPE or PRINT Name of Superintendent

Date and place signed

Superintendent signature

OSPI use only		
Application received (date)	Reviewed by (OSPI)	