#### **Renewing a CDL Training Provider (Employer or School) Authorization**

Step 1 – Log into your account. Select **Business Licenses** in the top navigation bar, or **Manage Business Account** in the dashboard. Select the business under which you need to renew your license.





Step 2 – Select **Renew.** 

#### **Business Licenses**

### SALAMANDER FREIGHT LLC -CDL Training Provider-Employer

<b>UBI:</b> 123-456-789	
UBI Business ID: 001	
UBI Location ID: 0001	
Email: liz.salamander@emailemail.net	
Business email: liz.salamander@emailemail.net	
Business Phone: 555.555.5555	
Primary Contact Name: LIZ SALAMANDER	
Primary Contact Phone:	

Update business information

Licenses	Account Relation	iships	Unsubmitted Applications	Submitted	d Applications	Completed Requests
License	License Type	Expiration Date	License Status	Sub-status	Renewal/Reins nt Status	tateme Action
EM123456	CDL Training Provider-Employer	January 17, 2021	Expired	None	None	Renew

#### Step 3 – Gather your Files.

#### **Renew a License**

#### What you'll need

Make sure you meet all the requirements listed on our CDL Training Provider-Employer Website.

#### Gather your files

- Documentation used for tracking attendance (If Needed)
- Documentation used for tracking actual hours (If Needed)

#### If payment required, these are the options available:

- Credit or debit card
- Bank account
- Billing code
- If a business or someone else is paying for you, they'll give you a billing code to use as payment.

Proceed

If you indicate anything has **changed** since your initial application, you will need:

- 1. Documentation used for tracking attendance (required for schools)
- 2. Documentation used for tracking actual hours (required for schools)
- 3. Student Enrollment Packet and Syllabus (Schools only)



### Step 4 – Verify Company Contact Information

## License Renewal: CDL Training Provider-Employer

0	O	O	0
Business Information	License Information	Endorsement	Review and Submit
* Business Structure			
Corporation	•		
*Account Name			
SALAMANDER FREIGHT, LLC			
* Business Email			
lizsalamander@emailemail.net			
* Business Phone			
555.555.5555			
Extension			
Business Website			
Your Mailing Address			



### Step 5 – Verify **Mailing Address and Physical Address**, then Select **Continue**.

Your Mailing Address	
* Country	
United States	
* Address Line 1	
623 Black Lake Blvd SW	
Address Line 2	
*City	
Olympia	
* State	
WA	
* ZIP	
98502-5051	
* County	
Thurston *	<b>`</b>
Validate Address	
	Save And Submit Later

### Step 6 – Answer the **Profession Specific Questions.**

## License Renewal: CDL Training Provider-Employer

Business Information	License	Endorsement	Review and Submit
Profession Specific Questions			
*Has anything changed from your previous application? • Yes No	since your initial application (for example, th	ding on how you answer. If nothing has changed le types of training provided, the methods used for	
*Has your UBI or EIN/TIN changed? Yes  No		your original application) has changed, you may and continuing will lead to additional questions.	
*Has your method used for tracking attendance changed?      Ves No			
*Has your method used for tracking actual hours changed? Yes  No			

Back

Save And Submit Later Continue



# Step 7 – Under Actions, select the Down Arrow, then select Renew or Remove for each Endorsement Type. Then select Continue.

 Select Renew or Remove for each Endorsement
 Date Requested
 Status
 Actions

 class A
 2020-06-19
 Expired

 Renew b
 Renove
 Renove
 Renove
 Renove
 Save And Submit Later Continue

Step 8 - If needed, Upload the **Required Attachments**, then Select **Continue**. If you indicated no changes were necessary, this screen will not display.





**Endorsement Details** 

#### Step 9 – **Review** the Renewal Application, Sign your **legal name**, and then select **Continue**.

**Review and Submit** 

Questions Review Has anything changed from your previous application? No
Submissions Review
I certify that
I will provide complete training as required per WAC 308-100-035 for employers effective January 14,2019.
Each student/applicant will demonstrate proficiency prior to skills testing.
I will electronically submit actual training hours provided to the Department as required.
Declaration
I declare, under penalty of perjury under the law of Washington, that all of the information I've provided in this application and any associated documents is true, complete, and correct.
Signature
Please type your legal name as shown below.
Liz Salamander
Liz Salamander



Save And Submit Later Continue



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