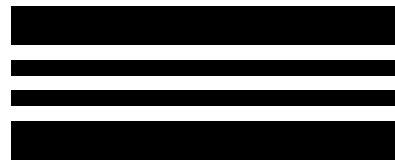




Driver Training School Proof of Continuing Education



Driver training school instructors report satisfactory completion of a continuing education course.

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

Or mail this form to:

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



For questions or language help email: tse@dol.wa.gov

Instructor

Instructor name		License number	
Course title	Dates and time	Hours of education	
Answer the following Do you understand that the Department of Licensing may contact the course sponsor to verify this information? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Date and place		TYPE or PRINT Name X Instructor signature
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Course Sponsor

Course sponsor name		(Area code) Phone number	
Address			
City		State	ZIP code

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

Date and place		TYPE or PRINT Name X Course sponsor signature
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