Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Driver Training School License Application

[redacted]

22202-APPLICATIONS

Use this form to apply for or renew a driver training school license. Send the completed application, any required attachments, and the nonrefundable fee in a check or money order payable to the Department of Licensing to: **Driver Training Schools, Business and Professions Division, Department of Licensing, PO Box 35001, Seattle WA 98124-3401**.

This license application is for: *(check one)*

☐ Main school - initial application – **$500**
☐ Main school - renewal application – **$250**
(also complete Renewal Questionnaire, page 3)
☐ Purchase of existing school - application – **$500** (attach sales agreement)

Enter number of staff or non-instructor owners: _____ x **$12** = _____ Include this amount with your application fee for the Washington Access to Criminal History (WATCH).

Fingerprints: Owners, instructors, and staff who have regular unsupervised contact with students, have access to the school portal, or who are involved in testing must be fingerprinted for state and national background checks. Each person must go to www.identogo.com to schedule an appointment at an IdentoGO location of MorphoTrust, our electronic fingerprinting vendor. For more details go to www.dol.wa.gov/business/fingerprinting.html.

Applicant information

Name of school *(as you would like it to read on your license)*		School license number *(renewals only)*	
Physical address *(Street, City, State, ZIP code)*			County
Mailing address, if different *(no residential addresses)*			
(Area code) Phone # at this location	(Area code) Fax # at this location	Name of on-site manager at this location	Main school email

Type of business
☐ Owner (sole proprietor) ☐ Partnership ☐ LLC ☐ Corporation ☐ Other _____

Washington Unified Business Identifier (UBI) number	Employer identification number (EIN)

For informational purposes only. This is not a requirement.
Are you certified through OMWBE? ☐ Yes ☐ No

Location change (if applicable)

Existing location _____
Street address and city

New location _____
Street address and city

Owners/Interest holders information – List all owners, partners, associates, corporate officers, and substantial interest holders (i.e., someone who owns the instruction vehicles other than the owner, excluding financial institutions). If business is a sole proprietorship, do you want a spouse listed as an owner? Adding them later may require a new application and fees. Attach additional sheets, if needed. **Failure to disclose owner information may result in license denial or suspension.**

Name	Position	(Area code) Phone #

For Department use only

Prelicensing inspection req met _____ Status: ☐ Denied ☐ Approved By_____ License no _____ Expiration _____

continued on next page

Owners/Interest holders information *(continued)*

Answer the following

1. Has any officer, director, stockholder, partner, or any person directly or indirectly interested in your school ever been convicted of a gross misdemeanor or felony? . . . . . ☐ Yes ☐ No
2. Are there any civil actions now pending against this business or any member, directly or indirectly, involved in this school? . . . . . ☐ Yes ☐ No

Attach a list of all staff and instructors who are employed by your school.

Location – attach a copy of current lease including any amendments made since the last renewal

1. Is the school or branch located at least 1,000 feet or more away from any Department of Licensing office where examinations for driver licenses are conducted? . . . . . ☐ Yes ☐ No
2. Is the school or branch located in a district zoned for business or commercial purposes and in a building space used exclusively for giving driver education? *(If yes, attach a lease agreement copy.)* . . . ☐ Yes ☐ No
3. Is the branch located in a high school? *(If yes, attach copy of the school district agreement.)* . . . . . ☐ Yes ☐ No

Insurance – Proof of automotive liability insurance must show coverage of at least one million dollars, and must include property damage and uninsured motorists coverage. If testing, you also must have professional liability coverage. **Attach a copy of the policy or binder showing the required coverage.**

Insurance company name	Policy number	Company (Area code) Telephone number

Vehicles – attach copies of the vehicle registrations

Enter the number of driver training cars used by your school: _____ List each car, use additional sheets, if necessary.

Year	Make	Model	License number	Location	Dual controls?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Affidavit

Any misrepresentation or concealed material facts is sufficient cause for denial or suspension of your license. Any conduct resulting in violation of the laws governing driver training schools or instructors is just cause for revocation or suspension of your license or other sanctions.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____
Date and place signed

_____
PRINT or **TYPE** Name of owner, partner, associate, or corporate officer

X **When you have completed this form, please print it out and sign here.**
Signature

_____
Date and place signed

_____
PRINT or **TYPE** Name of owner, partner, associate, or corporate officer

X **When you have completed this form, please print it out and sign here.**
Signature

_____
Date and place signed

_____
PRINT or **TYPE** Name of owner, partner, associate, or corporate officer

X **When you have completed this form, please print it out and sign here.**
Signature

_____
Date and place signed

_____
PRINT or **TYPE** Name of owner, partner, associate, or corporate officer

X **When you have completed this form, please print it out and sign here.**
Signature

RCW 18.235; 46.82; 46.82.325

Curriculum review – Main renewals only

Main renewal applicants must complete this page for each school and branch location. Attach additional copies if needed.

School name	License number

Answer the following

Does your school instruct students under 18 years of age? . . . . . ☐ Yes ☐ No

Curriculum used

Which curriculum?

☐ WRPC ☐ AAA ☐ ATSEA ☐ Custom: Last date approved _____

Target Zero video

Which session?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Organ donation

Taught during which session?

☐ Parent night ☐ Other _____

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Taught using which materials?

☐ It's Your Choice, volume 2 ☐ Letter to parents ☐ The Heart of Your License flyer

Taught using which method?

☐ Instructor led ☐ Video ☐ Handouts ☐ Guest speaker

Bicycle/Pedestrian

Taught during which session?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

☐ Other _____

Taught using which materials?

☐ Share the Road video ☐ Driving Safely Among Bicycles quiz ☐ Pamphlet/Handout

Motorcycle safety

Taught during which session?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

☐ Other _____

Taught using which materials?

☐ Motorcycle safety intersection ☐ Second Look (DOL video) ☐ Cars, Motorcycles, and a Common Road

PRINT or **TYPE** School representative name

X **When you have completed this form, please print it out and sign here.**

School representative signature