

# Driver Training School License Application

FOR VALIDATION ONLY

**This driving school application is:**

- a **main school initial application** with a \$500 fee.
- a **main school renewal application** with a \$250 fee.
- a **branch school initial application** with a \$250 fee.
- a **branch school renewal application** with a \$125 fee.

Mail your application and required nonrefundable fee in check or money order to:  
**Department of Licensing, Driver Training Schools, PO Box 9048, Olympia, WA 98507-9048.**

Owners, instructors, and anyone who works at the school who has contact with students, must get and pay for Washington State Patrol fingerprinting and background check. RCW 46.82.325.

Name of school		UBI number	
Street address		FEIN	
City	County	State	ZIP code
(Area code) Telephone number	(Area code) FAX number	Name of on-site manager	
Mailing address <i>(if different)</i>			
City		State	ZIP code
Type of business <input type="checkbox"/> Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation		email address	
Name, residence address, and telephone number of all owners, partners, associates, corporate officers, and substantial interest holders. (Include yourself, if applicable.) Failure to disclose this information may result in license denial or suspension.			
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<b>Instructor information</b> Has any officer, director, stockholder, partner, or any person directly or indirectly interested in your school ever been convicted of a felony? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  Has any officer, director, stockholder, partner, or any person directly or indirectly interested in your school ever been convicted of a crime? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  Are there any civil actions now pending against this business or any member, directly or indirectly involved in this school? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Attach a list of all instructors. Also attach a separate list of all staff who has contact with students.</b>			
<b>School history</b> <input type="checkbox"/> New school  <input type="checkbox"/> Renewal application  <input type="checkbox"/> Branch of _____ located at _____ <span style="margin-left: 100px;">School name</span> <span style="margin-left: 200px;">Street address and city</span>  <input type="checkbox"/> Location change  <input type="checkbox"/> Purchased existing school on _____ (Attach a copy of the sales agreement.) <span style="margin-left: 150px;">Date</span>  Provide name(s) of previous owner(s) and previous school name and address.  <hr/>			

**Location**

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

Is the school or branch located in a district zoned for business or commercial purposes and in a building space that is used exclusively for giving driver education? (*Attach a copy of the lease agreement*) . . . . .  Yes  No

Is the branch located in a high school? (*Attach copy of the school district agreement*) . . . . .  Yes  No

**Vehicles**

How many driver training cars are being used by your school? Enter number, then list cars below: \_\_\_\_\_  
**Attach copies of the vehicle registration(s).** Use additional sheets if necessary.

Year	Make	Model	License number	Dual controls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Properly signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Insurance**

Proof of automotive liability insurance coverage shall be in the amount of not less than one million dollars, and shall included property damage and uninsured motorists coverage.

**Attach a copy of the policy or binder showing the required coverage.**

Name of insurance company	Policy number	Company (area code) Telephone number
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**Declaration**

*I understand that any misrepresentation or concealed material facts will be sufficient cause for denial or suspension of my license. I further understand that any conduct resulting in violation of the laws governing driver training schools or instructors will be just cause for revocation or suspension of my license or other sanctions as set in RCW 18.235 and RCW 46.82.*

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

_____	_____
Date and place	Print/Type name of owner, partner, associate, or corporate officer
	<b>X</b>
	Signature
_____	_____
Date and place	Print/Type name of owner, partner, associate, or corporate officer
	<b>X</b>
	Signature
_____	_____
Date and place	Print/Type name of owner, partner, associate, or corporate officer
	<b>X</b>
	Signature

<b>For Department Use Only</b>	
Prelicensing inspection req met _____	
Status: <input type="checkbox"/> Denied <input type="checkbox"/> Approved	By _____
License no. _____	Expiration _____

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.*