



## OSPI School District/ Instructor Registration



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

Return this completed registration to OSPI Traffic Safety Education

Email: [K12TSE@k12.wa.us](mailto:K12TSE@k12.wa.us)

Mail: OSPI Traffic Safety Education, PO Box 47200, Olympia WA 98504-7200



22282-APPLICATIONS

For help completing this registration, call the Department of Licensing Driver Training Program at (360) 902-3703 or email [tse@dol.wa.gov](mailto:tse@dol.wa.gov)

Please 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 ( <i>Address, City, State, ZIP code</i> )		District (Area code) Telephone number
Mailing address of school district, if different ( <i>Address, City, State, ZIP code</i> )		
Contact name ( <i>Main point of contact for school district</i> )		
Contact title	(Area code) Telephone number	Email
TSE coordinator	(Area code) Telephone number	Email
Superintendent	(Area code) Telephone number	Email

### High schools

<b>1</b> High school name	Status <input type="checkbox"/> Add <input type="checkbox"/> Delete	DOL certificate number
Physical address ( <i>Address, City, State, ZIP code</i> )		
Mailing address, if different ( <i>Address, City, State, ZIP code</i> )		
Contact name	Contact title	
(Area code) Telephone number	Email	
<b>2</b> High school name	Status <input type="checkbox"/> Add <input type="checkbox"/> Delete	DOL certificate number
Physical address ( <i>Address, City, State, ZIP code</i> )		
Mailing address, if different ( <i>Address, City, State, ZIP code</i> )		
Contact name	Contact title	
(Area code) Telephone number	Email	

Continue to page 2 if you need additional space for high schools.  
Continue to page 3, Instructors and staff, if you don't.

Copy this page if you will need additional space for high schools.

**High schools**—continued

<b>3</b>	High school name	Status <input type="checkbox"/> Add <input type="checkbox"/> 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) Telephone number	Email		
<b>4</b>	High school name	Status <input type="checkbox"/> Add <input type="checkbox"/> 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) Telephone number	Email		
<b>5</b>	High school name	Status <input type="checkbox"/> Add <input type="checkbox"/> 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) Telephone number	Email		
<b>6</b>	High school name	Status <input type="checkbox"/> Add <input type="checkbox"/> 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) Telephone number	Email		
<b>7</b>	High school name	Status <input type="checkbox"/> Add <input type="checkbox"/> 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) Telephone number	Email		

Continue to page 3, Instructors and staff.

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

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

<b>1</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only			
<b>2</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only			
<b>3</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only			
<b>4</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only			
<b>5</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only			
<b>6</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only			
<b>7</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only			
<b>8</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> Knowledge only			
<b>9</b> Name <b>exactly</b> as it appears on their driver license/ID card ( <i>Last, First, Middle initial/name</i> )		Date of birth ( <i>mm/dd/yyyy</i> )	OSPI use only <input type="checkbox"/> Approved
DOL certificate number	(Area code) Telephone number	Email	
Registration type <input type="checkbox"/> Staff <input type="checkbox"/> Examiner support <input type="checkbox"/> Instructor <input type="checkbox"/> Examiner <input type="checkbox"/> 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? .....  Yes  No
- 2. Does the program meet the course delivery standards approved by the Office of the Superintendent of Public Instruction? .....  Yes  No
- 3. Does the program have a record retention policy in place to meet the requirements of RCW 28A.220.030(5)? .....  Yes  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 certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
**TYPE or PRINT** Name of Superintendent

**X**

\_\_\_\_\_  
Superintendent signature

\_\_\_\_\_  
Date and place signed

OSPI use only	
Application received ( <i>date</i> )	Reviewed by ( <i>OSPI</i> )