



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Traffic Safety Education
 Old Capitol Building
 PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6120 TTY (360) 664-3631

ESD	CO	DIST
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2. PROGRAM TYPE

<input type="checkbox"/>	Public
<input type="checkbox"/>	Private
<input type="checkbox"/>	ESD Co-op

TRAFFIC SAFETY EDUCATION CERTIFICATE OF PROGRAM APPROVAL APPLICATION

Instructions on Reverse Side

3. DISTRICT/SCHOOL NAME/AGENCY	4. COUNTY	TELEPHONE NUMBER ()
5. ADDRESS	CITY/STATE/ZIP	
6. TRAFFIC SAFETY EDUCATION COORDINATOR NAME		E-MAIL ADDRESS
7. ESD COOP OR NAME OF COMMERCIAL DRIVING SCHOOL (If district has contract for laboratory instruction)		E-MAIL ADDRESS

PLEASE LIST ALL THE TEACHERS/INSTRUCTORS FOR THE CURRENT SCHOOL YEAR 2006-07

8. TEACHER/INSTRUCTOR NAME(S) (Use additional sheets if needed)					
OSPI CERTIFICATE NUMBER	NAME:	LAST	FIRST	M.I.	BIRTHDATE

9. The school/agency will be in compliance with state traffic safety education rules and regulations as described in Chapter 392-153 WAC.

YES NO (If NO is checked, attach additional sheet with explanation of deviation and estimated date of compliance.)

10. This application for traffic safety education program approval subscribed to and signed this _____ day of _____ 20____.		
11a. _____	11b. _____	11c. _____
SIGNATURE OF SCHOOL DISTRICT SUPERINTENDENT	SIGNATURE OF PRIVATE SCHOOL DISTRICT SUPERINTENDENT	SIGNATURE OF COMMERCIAL SCHOOL OWNER

OSPI USE ONLY

APPROVAL CONDITIONS FOR TRAFFIC SAFETY EDUCATION PROGRAM: _____ SIGNATURE PROGRAM SUPERVISOR	PROGRAM SCHOOL YEAR	PROGRAM SCHOOL YEAR
	DATE OF INITIAL INSPECTION	DATE OF RE-INSPECTION
	_____ APPROVED _____ NOT APPROVED	_____ APPROVED _____ NOT APPROVED
	_____	DATE

CERTIFICATE OF PROGRAM APPROVAL APPLICATION INSTRUCTIONS

1. Public schools enter in the upper right-hand corner the ESD, County, and District numbers.
2. Please check appropriate box under program type.
3. Enter name of district, private school, or educational service district.
4. Enter name of county and telephone number.
5. Enter complete address of your school.
6. Enter Traffic Safety Education coordinator's name and email address.
7. Complete this section if Behind-the-Wheel instruction is contracted with an approved commercial school.
8. Enter all the teacher/instructor(s) for the current school year with the TSE program. Include certificate number, name, and birth date.
9. Check YES or NO box for compliance. If "NO" is checked, please explain on an additional sheet of paper.
10. Enter day, month, and year application is completed.
11. The authorized signature on the appropriate line is required as follows:
 - a. School District Superintendent, or
 - b. Private School or Agency Administrator, or
 - c. Commercial School Owner (if contracting with a Public School).

Send original signature copy to traffic safety education office and retain a copy for your records.

OSPI Traffic Safety Education PO BOX 47200 Olympia, WA 98504-7200
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If you need assistance in completing this application, refer to the Traffic Safety Education Administrative Manual.