



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
 Web Site: <http://www.k12.wa.us/trafficsafety>

WASHINGTON STATE TRAFFIC SAFETY EDUCATION CERTIFICATION CLOCK HOURS

1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS				3. DATE OF BIRTH
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)
5. TELEPHONE: BUSINESS ()				6. CERTIFICATION NO.
HOME ()				
7. E-MAIL				

C - CLOCK HOURS
 Q - QUARTER HOURS
 S - SEMESTER HOURS
 D - DISTRICT APPROVED HOURS

CLASS TITLE	PROVIDER (COLLEGE/UNIVERSITY/APPROVED AGENCY)	DATE CLASS COMPLETED	NUMBER OF HOURS	Circle One: C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D
				C Q S D

Attach Additional List if Necessary

The "D" option is used for Conditional certificated employees. Forty-eight of the 60 coursework hours may be identified as "District approved hours" (Please circle the "D" to represent these). The remaining 12 clock hours must be from an approved provider and you will need to circle "C" to represent these.

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of his/her certificate pursuant to chapter 180-85 WAC. A copy of the form should be retained by the holder for possible dispute (WAC 180-85-085).

_____ District Signature (for "D" Hours) _____ Original Signature of Participant _____ Date