



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

APPLICATION TO TEACH TRAFFIC SAFETY EDUCATION

TYPE OF APPROVAL

- REGULAR
- TEMPORARY (Attach letter of justification)

COMPLETE ALL SECTIONS OF THIS FORM. Upon receipt of the completed application, you will receive notification of approval or reasons for disapproval.

INCLUDE WITH THIS APPLICATION THE FOLLOWING:

- (1) FORM SPI F-592 Application to Teach Traffic Safety Education
- (2) Attach original "complete five-year driving abstract," listing your driving record for the past five years. This abstract must be dated within the last two months of the date the application was submitted, and may not show more than 1 violation in 12 months or 2 violations in 2 years. DR-552-109 - Request for Abstract of Driving Record is included for your convenience.
- (3) Official transcript(s) showing successful completion of the four required traffic safety education courses (12 quarter hour credits, eight semester credits).
- (4) If you are requesting TEMPORARY approval, include a letter of justification from the prospective school district superintendent.

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|---|---------------------------------------|------------------------------|------------------------------|
| WASHINGTON STATE TEACHING CERTIFICATE NO. | DRIVER LICENSE NUMBER | | |
| M F | APPLICANT NAME (Last, First, MI) | | DATE OF BIRTH |
| | APPLICANT ADDRESS (Number and Street) | | HOME PHONE NUMBER () |
| CITY/STATE/ZIP | COUNTY | WORK PHONE NUMBER () | |
| E-MAIL ADDRESS | | | |

SCHOOL DISTRICT NUMBER

| | | |
|---|----------------------|--|
| Are you currently teaching traffic safety education? <input type="checkbox"/> Yes <input type="checkbox"/> No | SCHOOL DISTRICT NAME | |
|---|----------------------|--|

| | | | |
|-----------------------------------|--------------------|--------------------------------------|---|
| HIGHEST EDUCATIONAL DEGREE EARNED | DATE DEGREE EARNED | NO. TRAFFIC SAFETY EDUCATION CREDITS | DATE LAST CREDIT EARNED MO YEAR |
|-----------------------------------|--------------------|--------------------------------------|---|

RETURN FORM TO: Traffic Safety Education
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