

Commercial Driver Training Employer Certification

	Employer	ID number	
	Driver lice	ense number	
This is to certify that:			
Last name	First		Middle initial
Residence address			
City	County	State WA	ZIP code
Date of birth	Sex: 🗌 Male 🗎 I	Female	
Has the skills and required training to safely operate	e: 🗌 Class A 🗎 Class I	B ☐ Class C vehicles on publ	ic highways.
Employer name		UBI number	
Employer address			
City	County	State	ZIP code
ontact name (Area code) Telephone number			
email			
I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. Date and place X Signature of driver			
Date and place	Signature of driver		
	PRINT OR TYPE name of authorized o	employer representative	
Date and place	Signature of authorized employer repre	esentative	

We are committed to providing equal access to our services. If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DLE-520-339 (N/12/08)WA