



# Commercial Driver Training Employer Certification

Employer ID number \_\_\_\_\_

Driver license number \_\_\_\_\_

This is to certify that:

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_

Residence address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State WA ZIP code \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex:  Male  Female

Has the skills and required training to safely operate:  Class A  Class B  Class C vehicles on public highways.

Employer name \_\_\_\_\_ UBI number \_\_\_\_\_

Employer address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Contact 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

\_\_\_\_\_  
PRINT OR TYPE name of authorized employer representative

**X**

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

\_\_\_\_\_  
Signature of authorized employer representative