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

Please read instructions on reverse side before completing application.

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 ( ) HOME ( )	6. CERTIFICATION NO.
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

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).

_____ _____
Original Signature of Participant Date