

Authorization Request for Type II Drivers
20____ - 20____

Name _____ School _____
Last First

Work Phone _____ Home Phone _____

Washington Drivers License _____
(Expiration Date)

First Aid _____
(Expiration Date)

_____ Photo Copy of Washington State Drivers License Enclosed

_____ Photo Copy of First Aid Card Enclosed

_____ Current Drivers Abstract Enclosed
(Must obtain a 5-year Abstract @ Department of Licensing, 18023 Hwy 99, Lynnwood.)

Date of last Defensive Driving Class _____

**If you will ever use your own vehicle to transport students,
please provide the additional information.**

Insurance Company _____ Policy # _____

_____ Photo Copy of current proof of insurance enclosed

Please send all completed information by District mail to: Trans, Keith Moreland