



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

Signature of authorized employer representative

Date and place

DOL USE ONLY:

Authorization # _____ LSO # _____