



## Traffic Safety Education Certificate

This is to certify that: \_\_\_\_\_ Driver license no. \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

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

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

Date of birth \_\_\_\_\_ Sex: Male Female  
Month / Day / Year

Has successfully completed a traffic safety education course as approved by the Washington State Department of Licensing. The course of instruction included both \_\_\_\_ hours of classroom and \_\_\_\_ hours of behind-the-wheel experience.

Training location \_\_\_\_\_

Course start date \_\_\_\_\_ Course completion date \_\_\_\_\_  
Month / Day / Year Month / Day / Year

**X**

*Buxton*

Signature of owner or manager