



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