



Hand written or scanned documents will not be accepted without prior WSDOT program permission.

Questions are for reporting purposes only.

Save this form using the format: service provider student last name first name date. Do not include commas or any other punctuation in the file name. Submit only one form per student. Multiple forms may be submitted in one email. Email to [OECPASSProgram@wsdot.wa.gov](mailto:OECPASSProgram@wsdot.wa.gov).

Service Provider			Date	
Student Name				
Last Name		First Name		Middle Initial
Address		City	State	Zip
Email	Birth Year		Gender Male      Femal      Other	
What's the highest level of education you've completed?		Do you have a valid Washington State driver's license?		
Are you a veteran?		Have you been involved in juvenile rehabilitation?		
Have you been formerly incarcerated?		Have you ever been in the foster care system?		
Ethnic Origin (check all that apply):				
Native American		Black	White	
Alaska Native		Hispanic/Latino	Other	
Asian		Pacific Islander		
Program Information (check all that apply):				
CDL Program		Maritime	Less than 1 year	
Support Services		1 Year Training Program	Other	
Pre-Apprenticeship Program		2 Year Training Program		
What, if any, barriers to are you facing? (check all that apply)				
Currently Un-housed		Lack of Reliable Child Care	Limited English Proficiency	
Disability		Substance Abuse	Limited Math Skills	
No Dependable Transportation		No High School Diploma or GED	Other	
I certify that, to the best of my knowledge, all statements on this form are true and correct. I also acknowledge that the information that I have provided is maintained for reporting purposes only.				
Signature of Applicant			Date	
Authorized Organizational Representative			Date	
<b>Title VI Notice to Public</b>				
It is the Washington State Department of Transportation's (WSDOT) policy to assure that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any of its programs and activities. Any person who believes his/her Title VI protection has been violated, may file a complaint with WSDOT's Office of Equity and Civil Rights (OECR). For additional information regarding Title VI complaint procedures and/or information regarding our non-discrimination obligations, please contact OECR's Title VI Coordinator at (360) 705-7090.				
<b>Americans with Disabilities Act (ADA) Information</b>				
This material can be made available in an alternate format by emailing the Office of Equity and Civil Rights at <a href="mailto:wsdotada@wsdot.wa.gov">wsdotada@wsdot.wa.gov</a> or by calling toll free, 855-362-4ADA(4232). Persons who are deaf or hard of hearing may make a request by calling the Washington State Relay at 711.				