![[ State seal ]]()

**State of Washington**

**Workforce Training and Education Coordinating Board**

128 – 10th Avenue SW ● P.O. Box 43105 ● Olympia, WA 98504

Phone: (360) 709-4600 ● Fax: (360) 586-5862

**Private Vocational School License Applicant:** Please complete the **shaded** section, sign, and return to the Workforce Board via fax or mail. Workforce Board staff will send the credit reference out.

**Financial Reference:** The party identified below is applying for a license to operate a private vocational school and listed your institution as a financial reference*.* Please complete the information below and return to the Workforce Board via fax or mail.

**THIS PORTION TO BE COMPLETED BY PRIVATE VOCATIONAL SCHOOL APPLICANT**

School Name: Parent Company (if applicable):

Physical Address: City: State: Zip:

Name on Account (if different than School Name or Parent Company):

Name of Financial Reference: Account Number:

Mailing Address: City: State: Zip:

Contact Person: Phone Number: Email:

The Washington State Workforce Training and Education Coordinating Board is hereby authorized to authenticate the above information by communicating with the financial reference listed.

Signature of School Owner or Designee Date

**THIS PORTION TO BE COMPLETED BY FINANCIAL REFERENCE**

Account Type: [ ] Checking [ ] Loan

 [ ] Savings [ ] Other:

Date Established: Rating (for loan accounts):

Current Balance: Highest Balance:

Comments:

 Information Provided by Title