

# Attachment #3 Initial License Checklist

## INITIAL LICENSE CHECKLIST

Please submit this checklist including the supporting materials in order, including your licensing fees and Tuition Recovery Trust Fund deposit. Application processing generally takes about 30 – 60 days from the day a complete, correct package and online application is received.

School Name: \_\_\_\_\_

### Business

- Item A: Business Plan**  
A business plan including:
1. School description with photos and floor plan
  2. Management and operations
  3. Marketing and sales strategies
  4. Capital equipment and supply list
  5. Market and competitive analysis
  6. Loan information/credit line (if applicable)
  7. Balance sheet
  8. Breakeven analysis

- Item B: Out-of-state schools only:** Copies of license or documentation showing that the applicant school is legally authorized to conduct business as a private vocational school in the state in which it is located.

- Item C: Joint Jurisdiction,** attachment 15

- Item D: Online Application,** attachment 4 & 5
- Make sure you designate a school director/primary contact
  - Enter your program information, including hours, it should match your catalog.
  - The Proforma financial is an estimation of the gross tuition revenue you plan to earn the first year.

### Programs

- Item E: Program Description (doesn't need to be submitted separately)** Please ensure your program description is disclosed in the catalog and required in the licensing portal.  
Those elements include:
1. Program title (should always match the catalog) and specific program objective
  2. Program outline showing the sequence of courses required to achieve the program objective
  3. Number of clock or credit hours of instruction and how this is figured
  4. Method(s) of instruction, e.g., distance learning, classroom lecture, lab, computer assisted
  5. Training/instructional aids and facilities, including a sketch of the floor plan
  6. Type of completion document, e.g., certificate, diploma
- Provide an approval letter from the agency (joint jurisdiction) that has curriculum approval, if applicable for your type of program, i.e. Certified Nursing Assistant, Commercial Truck Driver).*

### Catalog

- Item F: Draft catalog or brochure and checklist,** attachment 7\*  
Please ensure your catalog meets the minimum requirements on the catalog checklist.
- Item G: "Ability-to-benefit" test** if school accepts students without a high school diploma or a GED. The admission test should successfully assess the student's ability to complete the program and get employment.

### Enrollment Agreement/Contract

- Item H: Draft enrollment agreement (contract) and checklist,** attachment 8

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### Financials

- Item I: Financial Statement**  
For new schools that have operated another business during the past year, a financial statement for that business. The financial statement must cover the most recently completed fiscal year of operation or if you haven't operated another business, provide a personal tax return for the most current year for each owner.
- Item J: Scored Credit Report**  
A recent scored credit report from Equifax, Experian, Trans Union, or other credit rating firm recognized by the United States Department of Commerce.
- Item K: Credit References (total of 3)**, attachment 6  
Three Financial Reference forms (one must be your bank). *(The Workforce Board will send these out for your references to complete.)*
- Item L: Apply for a Statewide Vendor Number**, attachment 12 Each school doing business with the State of Washington should register for a SWV number to facilitate refunds or potential payments from all state agencies.
- Item M: Apply for or provide a Dun and Bradstreet Number** DNB.com or 1-800-605-8106
- Item N: Provide a copy of your business license**, will be required each year with renewal
- Item O: Provide Evidence of Liability Insurance**, will be required each year with renewal
- Item P: Provide a copy of your lease or statement of ownership**
- Item Q: License fee and Tuition Recovery Trust Fund**, attachment 14. Make checks payable to **the Washington State Treasurer**. (Separate checks preferable) and sent to **Workforce Board, PO Box 43105, Olympia, WA 98504-3105**, via USPS. Make sure the school's name is on the check(s) and you break out the amounts.

### Student

- Item R: Student Data Collection Form**, attachment 10\*
- Item S: Career Bridge-Data Reporting information**, attachment 9
- Item T: Student transcript**, attachment 11\*
- Item U: Auxiliary Registration** Please ensure your auxiliary locations are entered in the online application and addition fees paid (\$25 per certificate) if applicable. Schools must maintain an affiliation agreement.
- Item V: Washington Student Loan Transparency Act:** FAQs regarding student loans, attachment 13
- Item W: Site Visit – Video Visit** This may also be conducted by another agency with joint jurisdiction or via a video of the location.

### Temporary Requirements

- Item X: COVID Attestation** Please ensure your plan has the minimum requirements as defined by the School Reopening Guide, attachments 17

\*Sample provided