



State of Washington

**Workforce Training and Education Coordinating Board**

128 – 10<sup>th</sup> 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.

**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