

AIRWAY HEIGHTS TRAFFIC SCHOOL APPLICATION

Please complete this application and follow instructions

This application must be returned to the Airway Heights Municipal Court at 13120 W 13th Ave, Airway Heights, WA.

Open Monday- Thursday 8:30 to 4:30 p.m. *Closed on holidays.

Step 1

WITHIN FIFTEEN (15) DAYS OF THE DATE OF THE CITATION BEING WRITTEN, completely fill out this application. Take your information form, and your driver's license to the Airway Heights Municipal Court. A court date will be set for you and you will be given a receipt showing your court date to cover the possibility you may not qualify for Traffic School or you fail to attend your scheduled Traffic Class date. **You do not pay the fine for the primary violation.**

Step 2

You will be required to pay the \$135 class fee when you submit your application. Payment may be made by cash, check, or money order at City Hall located at 1208 S. Lundstrom Street. **You will be notified by mail within approximately 14 to 21 working days (Excluding holidays) of the receipt of this application if you have been accepted for Traffic School and when your class has been scheduled.** If you are not accepted for Traffic School or you removed your application from the program, your fee, less the \$25 administrative fee, will be refunded to you by check and mailed to you within approximately 4 to 6 weeks.

Step 3

Classes are held at the Airway Heights Municipal Courthouse. One day classes are conducted on Saturday only at this time. Time to be determined.

THERE ARE NO REFUNDS OR RESCHEDULING OF CLASSES and at this time classes are only offered once every three months. You must be on time and attend the entire class, be alcohol and drug free, and behave appropriately.

PLEASE PRINT LEGIBLY AND FILL OUT COMPLETELY

Full Name:

Last Name First Name Middle Name

Mailing Address: _____

Street Address City State Zip Code

Day Phone: () _____ Evening Phone: () _____

Email Address: _____

Date of Birth _____ - _____ - _____

Month Day Year

Citation Number _____ -

Driver's License Number: _____ State Issued: _____ Expiration Date: _____

I hereby acknowledge that I have read and understand this information provided above.

FOR OFFICE USE ONLY

RECIPT #

COURT DATE
