

Kansas Department of Revenue
 Credential Request for Kansas Residents Temporarily out of State

Replacement

Required Documents:

1. Two proofs of identity (Please visit <https://ksrevenue.org/dovproof.html> for acceptable documents)
2. Demi-1 application (Page 2)

No Fee, One Time 6-month Extension

Required Documents:

1. Copy of Kansas license
2. Demi-1 application (Page 2)

Renewal

Only available to Kansas residents who are:

- Military members on active duty and their dependents, & military contractors
- Students attending an out of state school full time
- Missionaries outside the U.S.

Required Documents:

1. Copy of Kansas license
2. Copy of supporting document (military orders, LES, student transcript, or missionary document)
3. If your name is not on the military document, proof of relationship must be included
4. Demi-1 application (Page 2)

Adding Motorcycle, Concealed Carry, and Name Change Applications

Only available to military members on active duty and their dependents, & military contractors.

In addition to the above required renewal documents, you must also include the following:

- Copy of legal name change document required for name change applications
- Copy of Motorcycle Safety Foundation Card required to add motorcycle
- Copy of approval letter from Attorney General’s office required for all CCL applications

Fee Chart					
<i>Please make checks and money orders payable to KDOR</i>					
Renewal (Age: 21-64)	Fee	Renewal (Age: Over 64)	Fee	Miscellaneous	Fee
Non-Commercial A or B	\$32.00	Non-Commercial A or B	\$24.00	Replace License	\$16.00
Non-Commercial C	\$26.00	Non- Commercial C	\$20.00	Replace ID	\$12.00
Motorcycle	\$12.50	Motorcycle	\$9.00	Ignition Interlock	\$10.00
Commercial A, B, or C	\$26.00	Commercial A, B, or C	\$26.00	Concealed Carry	\$16.00
ID Card	\$22.00	ID Card	\$18.00	Endorsements	\$10.00 Each

Please Note:

- It may take up to 45 days for your credential to arrive in the mail, so please only send your application if you will be residing at your mailing address for 45 days or more. Credentials will **not** forward.
- If you are a male between the ages of 16 and 26, your information will be forwarded to the Selective Service System. For more information, please visit <https://www.ksrevenue.org/dovdfaq.html>
- The veteran indicator can only be set to “yes” at in-office visits. We apologize for the inconvenience.

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1. Enter your information in the below fields. Incomplete applications will be denied.

Name:	DOB:	License #:
Email:		Phone #:
Kansas Residential Address:		*Required* Out of State Mailing Address:

2. Select your application type

<input type="checkbox"/> Replacement	<input type="checkbox"/> One-Time 6-Month Extension	<input type="checkbox"/> Renewal
<input type="checkbox"/> Concealed Carry	<input type="checkbox"/> Name Change	<input type="checkbox"/> Add Motorcycle

3. Answer the following questions entirely and accurately

1. Is your permanent residence located in Kansas? Yes No
2. Are you a lawful resident of the United States? Yes No
3. Do you understand that your answers to these questions, if answered falsely may be grounds for prosecution? Yes No
4. Is your license now, or has it ever been suspended in Kansas or any other state? Yes No
 If Yes: Where _____ Why _____
5. Do you currently have any uncontrolled mental or physical disabilities that make it difficult to operate a motor vehicle safely? Yes No
6. Have you suffered a seizure in the last 6 months? Yes No
7. Are you currently a habitual user of alcohol or drugs? Yes No
8. Do you have a pending action against you in Kansas or any other state? Yes No
9. Do you give your authorization to be listed as an organ, eye, and tissue donor? Yes No
10. The Division of Vehicles now offers the option to have your renewal reminder sent by email. If you opt-in, you will receive your renewal reminder by email. If you opt-out, you will continue to receive your renewal postcard by regular U.S. mail to the address on your record. Opt-In Opt-Out

4. Enter fee information

Fee Total: \$ _____

Payment Type: Money Order Check Credit/Debit Card

If paying by card, complete the following: (A 2.5% or \$.75 processing fee will be added)

Card Type: Visa Master Card American Express Discover

Card Number: _____ Card Expiration Date: _____

5. Signature: _____
By signing this form, I affirm that all the information provided on this application is accurate.

6. Email or mail your application, payment, and document copies

Email: KDOR_Demi1@ks.gov
 Mail: Driver Services, PO Box 2188, Topeka, KS 66601