

Kansas Department of Revenue  
Driver's Education  
300 SW 29<sup>th</sup> Street  
Topeka KS 66611



Phone: 785-296-4554  
Fax: 877-401-6182  
www.ksrevenue.gov

Mark A. Burghart, Secretary

Laura Kelly, Governor

**Application for a Driver Training Teacher License - Automobile**

New Renewal

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Name of School in which employed: \_\_\_\_\_

<b>Education</b>	
At least one of the below options is required	
1. Hold a valid Kansas Teaching Certificate with endorsement in driver education. Kansas Teacher ID License No. _____ Valid from _____ to _____ (Include copy of transcript)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2. Have evidence of college attended that show 6 credit hours in driver's education and 3 credit hours in general safety from an accredited college or university. (Include copy of transcript)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3. Have a Commercial Certification of Verification? Consists of 30 hours of classroom and 24 hours of behind-the-wheel. Issue Date: _____ (See DE 17 Commercial Certification of Verification form or provide official verification from trainer with at least three years of teaching driver education).	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
4. Have a valid substitute teacher certificate, shall have had, within the five years preceding the date of issuance of each substitute teacher certificate, teaching experience in an approved driver education program (include evidence of driver education experience). Kansas Teacher ID License No. _____ Valid from _____ to _____ (Include copy of transcript)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

<b>Required Additional Information</b>	
Have you filed a physical examination report with the Kansas Department of Revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valid Driver's License Number: _____	Expiration Date: _____

Submit DE 15 – Physical Examination and Health Certificate for Driver Training School Instructor

I affirm the information provided on this application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Kansas Department of Revenue, Attention: Driver Education 300 S.W. 29<sup>th</sup> Street, Topeka, KS 66611