

Kansas Department of Revenue
Driver's Education
300 SW 29th 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 - Motorcycle
New Renewal

First Name: _____ Middle: _____ Last: _____

Residential Address: _____

Email Address: _____ Home/Cell Phone _____

Name of School in which employed: _____

Education
One of the below options is required
1. Hold a Rider Coach Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No MSF No. _____ Issue Date: _____ Valid from _____ to _____ (Include copy of MSF Certification) <i>Answer for Renewal Only for RiderCoach:</i> Have taught at least one beginning rider's course each year. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Hold a Rider Coach Trainer Certificate. <input type="checkbox"/> Yes <input type="checkbox"/> No MSF No. _____ Issue Date: _____ Valid from _____ to _____ (Include copy of MSF Certification) <i>Answer for Renewal Only for RiderCoach Trainer:</i> Have taught at least one Rider Coach Trainer instructor's course during the past three years. <input type="checkbox"/> Yes <input type="checkbox"/> No

Required Additional Information
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, 300 S.W. 29th Street, Topeka, KS 66611
Attention: Driver's Education or email KDOR_DOVDE@KS.GOV