

Driver's License
300 SW 29th Street
PO Box 2188
Topeka KS 66601-2188
Mark A. Burghart, Secretary



Phone: 785-296-3671
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www.ksrevenue.gov
Laura Kelly, Governor

Application for Motor Vehicle Identification- Driver Training School

Instructor Name: _____ Position: _____ Date: _____
Name of School: _____
Address of School: _____

1. Is this school approved and licensed as a Driver Training School in Kansas? Yes__ No__

2. Has evidence of required liability insurance been filed with State Commissioner of Education? Yes__ No__

3. Is this vehicle equipped with required:
 - a. Dual control? Yes__ No__
 - b. Dual mirrors? Yes__ No__
 - c. Outside mirrors? Yes__ No__
 - d. Student Driver Sign? Yes__ No__

4. Does the vehicle have: manual shift, or automatic shift

5. Enter the vehicle(s) information below.

Year	Make	Model	License Plate Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this completed form to KDOR_DOVDE@KS.GOV.