

CDL Lifetime Disqualification Reinstatement Application

DC (Rev. 04.24)

Applicants who are currently subject to a lifetime CDL disqualification initiated in Kansas may be eligible to reinstate their CDL privileges if they have been disqualified for a minimum of ten (10) years and meet the following conditions and requirements.

Applicants who were disqualified in another state or jurisdiction **are not eligible for reinstatement** through this application. Those disqualified due to convictions of using a vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance or using a commercial motor vehicle in the commission of a felony involving severe forms of trafficking in persons **are not eligible for reinstatement under any circumstances**.

Please complete and sign this application and include all proof of eligibility items shown in the checklist below. Do not apply for a CDL prior to submitting this application and receiving confirmation of eligibility from the department.

Please email this application to KDOR_DL@ks.gov or mail to Driver Licensing, PO Box 2188, Topeka, KS 66601-2188.

Applicant Information			
Name		Phone	
Residential Address	City	State KS	Zip
Mailing Address if different	City	State	Zip
DL/ID Number		Social Security Number	

Qualifications:

- Minimum of 10 years since lifetime disqualification was applied in Kansas.
- Must have no violations of K.S.A. 8-1567 et al, K.S.A. 8-1001 et al, K.S.A. 8-2,128, traffic or criminal convictions incurred while operating a commercial vehicle or any other substantially similar offenses from any other jurisdiction within the last ten years.
- Must not have any pending alcohol or drug-related criminal charges in Kansas or any other jurisdiction.
- Must submit a criminal background check evidencing compliance with K.S.A. 8-2,142(d).
- Must submit proof of successful completion of a drug/alcohol rehabilitation program,
- Comply with all other requirements in K.S.A. 8-2,142 et al and K.S.A. 8-2,134 et al.

You must submit the following items along with this application:

- Certified closed criminal background check from the Kansas Bureau of Investigation. Use attached Certified Record Check Form (check \$45 for a certified Kansas fingerprint-based check).
- Certificate of completion of drug/alcohol rehabilitation program pursuant to K.S.A. 8-2,142(d)(2)(F). If the DUI convictions were based in Kansas, attach evidence that the evaluation and treatment requirements of K.S.A. 8-1008 were satisfied.

Applicants that are approved will receive letter notification along with instructions as to reinstatement requirements including but not limited to reexamination, medical examination and applicable fees.

DISCLOSURE STATEMENT: The Privacy Act as passed by the United States Congress authorizes the use of your Social Security number for verifying your identity. This number must be provided and will be used in the administration of driver's license laws.

I hereby certify under penalty of perjury that all statements in this application are true and correct and that relevant traffic or criminal violations or convictions have been disclosed. I agree and understand that any misstatement of material facts may cause cancellation and/or denial of my driver's license or commercial driver's license under K.S.A. 8-2,134.

Applicant's Signature

Date

Certified Record Check Request Form

Regular name-based record checks are to be requested on-line at www.kansas.gov/kbi/criminalhistory

To: Kansas Bureau of Investigation
Attn: Central Repository
1620 SW Tyler
Topeka, KS 66612-1837



From: _____
(Requestor's Full Name or Organization) (Please Print)

(Requestor's Point of Contact and title)

(Requestor's Mailing Address)

(City, State or Country and Zip)

(Requestor's Phone Number)

1. A criminal history record check of the Kansas Central Repository is requested for the following individual. The **Full Name** and **Date of Birth** are mandatory:

Full Name: _____
(Last Name) (First Name) (Middle Name)

Maiden or
Alias Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ **Social Security Number:** _____

Sex: _____ **Race:** _____ **Place of Birth:** _____

2. A fingerprint card [is] [is not] included.

3. Purpose for the criminal history record check (Please be specific): _____

4. Mailing address for the results of the record check, if different from the "From" address, above:
[] Same as the "From" address above. OR [] Send Results in Encrypted/Secure Email: _____
(provide email address)

5. Enclosed is payment made payable to the **KBI Record Check Fee Fund** for the record check in the sum of:
[] \$30.00 for a certified name-based check [] \$45.00 for a certified Kansas fingerprint-based check

6. Dissemination of criminal history information is governed by statutes, laws and regulations. The Requestor will comply with and be subject to the provisions of both State and Federal law regulations, including, but not limited to Title 28 (Judicial Administration) of the Code of Federal Regulations and Kansas Statutes Annotated 22-4707 et seq.

7. Requestor agrees to limit disclosure of the information received to personnel who have a clear, distinct "need to know," and ensure that the information is used only for the purpose for which provided. Further, Requestor shall:
a. Implement reasonable procedures to insure the confidentiality and security of any information received.
b. Indemnify and hold harmless the KBI, their employees, including their heirs, executors, administrators, personal representatives, successors, and assigns, from and against any and all causes of actions, claims, demands, suits, rights and other proceedings of any nature which seek damages or other remedies arising from the providing of criminal

8. The KBI has the right to demand return of all information provided to the Requestor when any rule, policy, procedure, regulation or law described in this request is violated or appears to be violated or for non-payment of any service.

9. I have read and understand my responsibilities when receiving record check information from the Kansas Central Repository, and I agree to safeguard and properly use all information I receive.

(Signature of Requestor)