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 Laura Kelly, Governor

Mark A. Burghart, Secretary

Application for a Commercial Driver Training School Operator's License-Motorcycle

Year	□Renewal	□New		School Name Change	ol Name Change (Please check appropriate box)			
Name of Sc	hool:		Date:					
School Ema	ail Address:		Phone:					
School Ad	dress of Classroor	n:						
Location(s) of Approved Rider Range:							□ On-Street	
Check all th	nat apply:							
□Motorcy	□Motorcycle Rider Course □B.R.C. □Motorcycle Instructor Cou			urse	se R.E.R.P. #			
• •	-			IO. If yes, please enclose a cop			of incorporation.	
Name of Textbook: Edit						Edition	tion:	
Total Hour				Range Hours:	(	On-Street Hours:		
Name of M	ASF Rider Course	Variant:						
Motorcycle	s are: □owned □	Leased Leas	ed/Ow	ned by:		·		
I hereby cen accurate.	rtify that the staten	nents and re	preseni	ation made by me in th	e for	egoing ste	atement are	
School Owner/Director				Official I	Official Position/Title			
Printed N	ame of School Ow	ner/Director						

## SEE FULL LIST OF ALL REQUIREMENTS ON BACK SIDE

- 1. DE 10M Application for a Commercial Driver Training School Operator's License.
  - a. Operator license fee of \$25.00.
  - b. Sample of the contract which will be entered into between the school and every enrollee.
  - c. A schedule of all services to be performed by the school.
  - d. Course outline for classroom instruction and behind-the wheel instruction.
  - e. Sample of receipt for any monies paid to the school by the student
  - f. The receipt form shall contain: (A) the licensed name of the school; (B) the name of the student; (C) the date of payment; (D) the amount of payment; (E) the signature of the student; and (F) the signature of the person receiving the payment from the student.
- 2. DE 11M Application for a Driver Training Teacher License.
  - a. Instructor license fee of \$5.00.
  - b. Instructor application must include a current motor vehicle *record* (*must be dated within 3 months of issuance of license*).
  - c. A physical examination report and health certificate. (Form DE 15)
  - g. Certification of instructions: -copy of valid MSF Certification.
  - h. DE 12 Application for Motor Vehicle Identification-Driver Training School
  - a) Evidence of liability insurance for each motorcycle or fleet (*include a copy*).
- 3. DE 13 Driver Training School Operator's Bond.
  - a. Operator's School License Bond up to \$2,500.00. (Include certificate of insurance)

<b>Instructors</b> : List the full first and	last name of each instructor. Please print.
	be included at end of each year for auditing purposes. Due E 16-Students Enrolled in Driver Education)
□Each student received at least 8	hours of classroom instruction.
	hours of behind-the bar instruction.
☐Total number of students on the	list submitted to the Kansas Department of Revenue.
□Total number of students who co	ompleted the course in the current calendar year.
	nrolled during the calendar year and dropped the program.
	nrolled in the previous year but did not complete their training until
this current year.	
□Proof of business sign is display	red denoting the school's location.

Please return this completed form and all required attachments/copies to: Kansas Department of Revenue, 300 SW 29<sup>th</sup> Street, Topeka, KS 66611, Attention: Driver's Education or <a href="mailto:KDOR\_DOVDE@KS.GOV">KDOR\_DOVDE@KS.GOV</a>