

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 a Driver Training Teacher License

Personal Information

First Name: _____ Middle: _____ Last: _____

Residential Address: _____

Email Address: _____ Home Phone: _____ School Phone: _____

Driving School Name: _____ School Address: _____

Have you been convicted of a felony? Yes__ No__ If yes, list all cases: _____

Education

Kansas Teaching Certificate Held? Yes__ No__ Issue Date: _____ Valid from _____ to _____

Teacher ID (on Kansas teaching license): _____

Hold valid Kansas secondary teaching certificate coded for driver's education? Yes__ No__

If yes, enter expiration date: _____

Do you have a Commercial Certification of Verification? Yes__ No__ Issue Date: _____

High School from which you graduated: _____ City: _____ State _____

*Colleges attended with evidence of 6 credit hours in driver's education and 3 credit hours in general safety from an accredited college or university, if applicable. **Official transcript required with application.** Additional schools may be attached on separate sheet if needed.*

School: _____ Address: _____

Credit Hours Completed: _____ Years attended: _____ Graduation Date: _____

Complete record of teaching, if applicable. Extra page may be attached to application, if needed.

School Year: _____ School Name: _____ Grade or Department: _____

Number of Months Teaching: _____

Additional Information

Have you filed a physical examination report with the State Commissioner of Education? _____

Kansas driver's license number: _____ Expiration Date: _____

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

Signature: _____ Date: _____

*When complete, send this form, along with transcripts and physical exam form to
KDOR_DOVDE@KS.GOV.*