

## <u>Change of Address</u>

## **Commercial Driver Training School Physical Location Approval**

Form available online <a href="https://forms.gle/8gcbUA8fFXHFE8yn6">https://forms.gle/8gcbUA8fFXHFE8yn6</a>
PLEASE PRINT

Date Visited		Date Submitted		
Name of School Email address				
Street	City	State Zip Code		Phone #
( <i>New</i> ) Addro	ess of building in which cl	assroom instruction	will be giv	en
Street	City	Zip Code		Phone #
Additional I	Information			
(Signatuı	re) School Owner or Director	(Please	e Print) <b>Offici</b>	al Position
KSDE represe	entative		_ Date A	Approved
	KSDE Office Use Only: Permanent Signage Seating for 10+	(Inspected by KSDE): (Inspected by KSDE):	Yes Yes	No No
	Restroom facilities ADA & Zoning Compliant	(Inspected by KSDE): (Inspected by KSDE)	Yes Yes	No No

Please return this form to Driver Education, Kansas State Department of Education, Landon State Office Building, 900 SW Jackson St., Ste. 106, Topeka, KS 66612-1212.