



900 S.W. Jackson Street, Suite 102
Topeka, Kansas 66612-1212
(785) 296-3201
www.ksde.org

Certification of Training For Driver Training School Instructors

I, the undersigned, do certify that I have completed at least 30 hours of classroom instruction and 24 hours of behind the wheel training under the direct supervision of

Supervising Instructor's Name

This individual is presently licensed as an instructor by the State Board under K.S.A. 8-276(a)(1) or (a)(2), as amended, and has been continuously licensed and actively instructed students for a period of at least three years. The training included study of the Kansas Operation Lifesaver Highway/Railroad Grade Crossing Program.

Date

Applicant Printed or Typed Name

Applicant Signature

Signed before me, a Notary Public, on this _____ day of _____, 20____

My commission expires _____
Date

Notary Public

Verification of Training

I, hereby, verify that the above instruction was provided under my direct supervision and that I meet the qualifications indicated above.

Date

Printed or Typed Name

Signature

Signed before me, a Notary Public, on this _____ day of _____, 20____

My commission expires _____
Date

Notary Public

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201