Change of Address
Commercial Driver Training School Physical Location Approval

Form available online https://forms.gle/8gcbUA8fFXHFE8yn6

PLEASE PRINT

Date Visited ________________________________ Date Submitted ________________________

Name of School ________________________________________________________________

Email address _________________________________________________________________

(New) Name of School (If applicable) ____________________________________________

(Old) Address of building in which classroom instruction will be given

Street                                                  City                             State      Zip Code            Phone #

(New) Address of building in which classroom instruction will be given

_____________________________________________________________________________________________

Additional Information

__________________________________________________

(Signature) School Owner or Director (Please Print) Official Position

KSDE representative ____________________________________________ Date Approved __________

<table>
<thead>
<tr>
<th>KSDE Office Use Only:</th>
<th>(Inspected by KSDE):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Signage</td>
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<td>Seating for 10+</td>
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<td>Restroom facilities</td>
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<td>ADA &amp; Zoning Compliant</td>
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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.