



KANSAS STATE DEPARTMENT OF EDUCATION
RENEWAL APPLICATION FOR A DRIVER TRAINING TEACHER LICENSE

Year _____

(Instructor License Fee \$5.00)

Name _____ Date _____
(First) (Middle) (Last)

Home Address: _____
Street City State Zip Code Home Phone #

Commercial Driving School Name: _____ School Phone #

Commercial Driving School Address: _____
Street City State Zip Code

Date of birth: _____ Do you have an "endorsement" for driver education FILE "ENDORSEMENT"?

Yes _____ No _____ If yes, Date of issue: _____ Expiration date: _____

Social Security number: _____

If no, what proof of endorsement do you possess? _____

Have you been convicted of a felony? Yes _____ No _____ If yes, list all such cases.

High school from which graduated _____ City _____ State _____

Colleges or universities attended: File OFFICIAL TRANSCRIPT OF ALL COLLEGE CREDIT.

Table with 6 columns: School, Place, Number of semester hours completed, Years attended (Date), Date of graduation, Highest Degree

Complete record of teaching: (Attach extra sheet if needed. Include current school term)

Table with 4 columns: School Year, School Grade, or Department, Place, Number of months

Is a current physical examination either on file with the State Commissioner of Education or being submitted with this application?

Yes _____ No _____ (Use Form 0-416-100)

Do you hold a valid Kansas driver's license? Yes _____ No _____ Expiration Date _____
Month / Day / Year

Kansas Motor Vehicle Driver's License Number: _____

A current DMV driving record must accompany this application in order to proceed with licensure. (must be dated within 3 months of issuance of license)

References (Name, address, and position)

- 1. _____
2. _____
3. _____

Applicant's Signature