APPLICATION FOR MOTOR VEHICLE IDENTIFICATION -
DRIVER TRAINING SCHOOL

Name of School _______________________________________

Address of School ____________________________________________
Street City State Zip Code

1. Is this school approved and licensed as a Driver Training School in Kansas? ___

2. Please check all that apply.
   - Is this car equipped with required dual control? _____
   - Dual mirrors? ______
   - (Passenger visor not acceptable) Seat belts? ______
   - Outside mirrors? ______
   - Student Driver Sign? ______

3. Has evidence of required liability insurance (certificate of insurance with coverage
   amounts noted) been filed with State Commissioner of Education? ______________

4. Does the vehicle have manual shift? ______
   - Automatic? ______

5. Registered license plate number of vehicle(s) ___________________________
   - Put additional cars on back of page. ⇩

6. Model of car ______________________ Year ______
   - Make of car ____________________________________________
   A car’s make is the brand of the vehicle, while the model refers to the name of a car product and
   sometimes a range of products. For example, Toyota is a car make and Camry is a car model.
   - Put additional cars on back of page. ⇩

Application is hereby made for a Driver Training School Identification certificate.

Signed _____________________________________
Date ______________________________________
Position ___________________________________
Please return this completed form along with a Certificate of Insurance to Driver Education, LSOB, 900 SW Jackson St, Suite 106, Topeka, KS 66612 or email rmeinholdt@ksde.org

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<th>MODEL</th>
<th>REGISTERED LICENSE PLATE #</th>
<th>YEAR</th>
<th>MAKE</th>
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