



KANSAS STATE DEPARTMENT OF EDUCATION
RENEWAL APPLICATION FOR A DRIVER TRAINING SCHOOL OPERATOR'S LICENSE
Year _____

Name of School _____ Date _____

Address of building in which classroom instruction will be given _____

Street City State Zip Code Phone # Email Address

Has the school owner or director ever been convicted of a felony? _____ If yes, please explain _____

Is the school incorporated? _____ If yes, please enclose a copy of the certificate of incorporation. (Initial application only)

Name of textbook _____ Edition _____

How many vehicles equipped with dual controls will be registered? _____

List the name of each instructor - additional room on back if necessary.

Include the following documents, forms, information and fees:

- A. APPLICATION FOR A DRIVER TRAINING SCHOOL OPERATOR'S LICENSE Form No. 9-416-102 (R)
a. Operator License fee of \$25.00.
B. APPLICATION FOR A DRIVER TRAINING TEACHER LICENSE - Form No. 0-416-101(R)
a. Instructor License fee of \$5.00 each. Make check payable to Kansas State Department of Education.
b. Instructor applications which must include a current DMV driving record (must be dated within 3 months of issuance of license)
c. a physical examination report and a health certificate.
d. Certification of instruction; Options include:
i. A valid teacher certificate with Certificate in driver education
ii. A valid substitute teacher certificate
iii. Motorcycle Safety Foundation (MSF) Certification
iv. Commercial school trained-verified by notary (include date)
C. Course outline for classroom instruction and behind-the-wheel instruction.
D. Proof of business sign is displayed denoting the school's location.
E. Proof of training vehicle has 'Student Driver' signs visible from the rear.
a. Proof of training vehicle is equipped with instructor's mirror and brake in compliance with the regulations.
F. Sample of the contract which will be entered into between the school and every enrollee.
G. Sample of the receipt for any monies paid to the school by the student.
H. Records documenting:
a. Each student received at least eight (8) hours of classroom instruction.
b. Each student received at least six (6) hours of behind-the-wheel instruction.
I. Number of students on the list submitted to KSDE.
J. Number of students who completed the course in the current calendar year.
K. Number of students who enrolled during the current calendar year and dropped the program.
L. Number of students who enrolled the previous year but did not complete their training until this current calendar year.
M. Application for motor vehicle identification for each vehicle.
N. Driver training operator's bond.
O. Certificate of insurance.

AFFIDAVIT

I hereby certify that the statements and representations made by me in the foregoing statement are true and correct.

School Owner or Director Official Position

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____, 20_____

Notary Public My Commission Expires: _____

Name of instructor(s)

Please return this completed form to Driver Education, LSOB, 900 SW Jackson St, Suite 106, Topeka, KS 66612