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 supplementary documents, forms, information and fees:

A. Operator License fee of $25.00. Instructor License fee of $5.00 each. Make check payable to the State Department of Education.
B. Curriculum (Complete)
C. Course outline for classroom instruction and behind-the-wheel instruction.
D. Sample of the contract which will be entered into between the school and every enrollee.
E. Sample of the receipt for any monies paid to the school by the student.
F. Sample of attendance forms to be used for recording the date, type, and duration of all lessons, lecture, tutoring, or other services relating to instruction in the operation of motor vehicles.
G. Application for motor vehicle identification for each vehicle.
H. Driver training operator's bond.
I. Certificate of insurance.
J. Instructor applications which must include a current DMV driving record (must be dated within 3 months of issuance of license)

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: __________________________

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