



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

Name (First) (Middle) (Last) Date

Present Address Street City State Zip Code Home Phone #

Email address

Driving School Name: School Phone #

Teaching Address Street City State Zip Code

Address to which license be sent: Street City State Zip Code

Kansas teaching certificate held? Yes No Date of issue Valid from to

Do you have a valid Kansas secondary teaching certificate coded for driver education?

Yes No Expiration date Date of birth

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 7 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

Have you filed a physical examination report with the State Commissioner of Education?

Yes No (Use Form 0-416-100)

Do you hold a valid Kansas driver's license? Yes No Expiration Date

Motor Vehicle Driver License Number

References (Name, address, and position)

- 1.
2.
3.

Applicant's Signature