



State of Kansas

DEPARTMENT OF EDUCATION

RENEWAL APPLICATION FOR MOTOR VEHICLE IDENTIFICATION -- DRIVER TRAINING SCHOOL

Year _____

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. Is this car equipped with required dual control? Dual mirrors? (Passenger visor not acceptable) Seat belts? Outside mirrors? Student Driver Sign? Please check all that apply.
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
6. Model of car Year Make of car 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.

MODEL	REGISTERED LICENSE PLATE #	YEAR	MAKE
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