



KANSAS STATE DEPARTMENT OF EDUCATION APPLICATION FOR A COMMERCIAL DRIVER TRAINING SCHOOL OPERATOR'S LICENSE

Available online <https://forms.gle/7XKJULW6c4WFAuFr7>

Year _____

New/Initial **Renewal**

Name of School _____ Date _____

Email address _____

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)**

Name of textbook _____ Edition _____

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

List the name of each instructor **PLEASE PRINT- additional room on a separate page.**

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_____

_____ My Commission Expires: _____

Notary Public

INCLUDE THE FOLLOWING THE FOLLOWING DOCUMENTS, FORMS, INFORMATION, AND FEES*

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. APPLICATION FOR A DRIVER TRAINING SCHOOL OPERATOR'S LICENSE Form No. 9-416-102 (R)</p> <p>a. Operator License fee of \$25.00. Make check payable to Kansas State Department of Education.</p> <p>b. Sample of the contract which will be entered into between the school and every enrollee.</p> <p>c. A schedule of all services to be performed by the school.</p> <p>B. APPLICATION FOR A DRIVER TRAINING TEACHER LICENSE Form No. 0-416-101 (R)</p> <p>a. Instructor License fee of \$5.00 each. Make check payable to Kansas State Department of Education.</p> <p>b. Instructor applications which must include a current DMV driving record (<i>must be dated within 3 months of issuance of license</i>)</p> <p>c. a physical examination report and a health certificate. Physical Form 0-416-100</p> <p>d. Certification of instruction; Options include:</p> <p>i. A valid teacher certificate with Certificate in driver education</p> | <p>ii. A valid substitute teacher certificate</p> <p>iii. Motorcycle Safety Foundation (MSF) Certification</p> <p>iv. Commercial school trained-verified by notary (include date)</p> <p>e. Course outline for classroom instruction and behind-the-wheel instruction.</p> <p>f. Proof of training vehicle is equipped with instructor's mirror and brake in compliance with the regulations.</p> <p>g. Sample of the receipt for any monies paid to the school by the student.</p> <p>i. The receipt form shall contain: (A) the licensed name of the school; (B) the name of the student; (C) the date of payment; (D) the amount of payment; (E) the signature of the student; and (F) the signature of the person receiving the payment from the student</p> <p>h. Application for motor vehicle identification for each vehicle. Form 179-E</p> <p>i. Driver training operator's bond. Form 8-03-08-100</p> <p>j. Certificate of insurance.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

To be included for auditing: Due January 31*

Records documenting:

- Each student received at least eight (8) hours of classroom instruction.
- Each student received at least six (6) hours of behind-the-wheel instruction.
- Number of students on the list submitted to KSDE.
- Number of students who completed the course in the current calendar year.
- Number of students who enrolled during the current calendar year and dropped the program. Form 0-03-02-106
- Number of students who enrolled the previous year but did not complete their training until this current calendar year. Form 0-03-02-104
- Proof of business sign is displayed denoting the school's location.
- Proof of training vehicle has 'Student Driver' signs visible from the rear.

Additional name(s) of instructor(s) - PLEASE PRINT

_____	_____
_____	_____
_____	_____
_____	_____

Please return this completed form to rmeinholdt@ksde.org Driver Education, LSOB, 900 SW Jackson St, Suite 106, Topeka, KS 66612

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201