



New

Renewal

Form No. 0-416-101 (rev. 2.15.2021)

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

Available On-line: https://forms.gle/yEcHod9UPQfdAT899

PLEASE PRINT

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

Box containing questions: Kansas teaching certificate held? Do you have a valid Kansas secondary teaching certificate coded for driver education? Commercial Certification of Verification?

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 with KSDE.

Table with columns: School, Place, # of semester hrs completed, Years attended (Date), Date of graduation, Highest Degree

Complete record of teaching: (Attach extra sheet if needed. Include current school term)

Table with columns: School Year, School, Grade, or Department, Place, Number of months

Box containing questions: Have you filed a physical examination report with the State Commissioner of Education? Do you hold a valid Kansas driver's license? Motor Vehicle Driver License Number

References (Name, address, and position)

- 1.
2.
3.

Applicant's Signature

EXTRA SHEET IF NEEDED

Complete record of teaching: Include current school term

School Year	School, Grade, or Department	Place	Number of months
