

Kansas Department of Revenue  
Driver's Education  
300 SW 29<sup>th</sup> Street  
Topeka KS 66611



Phone: 785-296-4554  
Fax: 877-401-6182  
www.ksrevenue.gov  
Laura Kelly, Governor

Mark A. Burghart, Secretary

**Application for a Driver Training Teacher License - Motorcycle**  
New Renewal

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Name of School in which employed: \_\_\_\_\_

<b>Education</b>	
One of the below options is required	
1. Hold a Rider Coach Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MSF No. _____ Issue Date: _____ Valid from _____ to _____ (Include copy of MSF Certification)	
<i>Answer for Renewal Only for RiderCoach:</i>	
Have taught at least one beginning rider's course each year. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Hold a Rider Coach Trainer Certificate. <input type="checkbox"/> Yes <input type="checkbox"/> No	
MSF No. _____ Issue Date: _____ Valid from _____ to _____ (Include copy of MSF Certification)	
<i>Answer for Renewal Only for RiderCoach Trainer:</i>	
Have taught at least one Rider Coach Trainer instructor's course during the past three years.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Required Additional Information</b>	
Have you filed a physical examination report with the Kansas Department of Revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kansas Driver's License Number: _____ Expiration Date: _____	

Submit DE 15 – Physical Examination and Health Certificate for Driver Training School Instructor

I affirm the information provided on this application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Kansas Department of Revenue, 300 S.W. 29<sup>th</sup> Street, Topeka, KS 66611  
Attention: Driver's Education or email KDOR\_DOVDE@KS.GOV