

# KANSAS

Department of Revenue

Division of Vehicles

Dealer Licensing

PO Box 2369, Topeka, KS 66601-2369

<https://www.ksrevenue.org/pdf/D43a.pdf>

## LICENSE TRANSFER APPLICATION FOR VEHICLE SALESPERSON

**FACTORY REPRESENTATIVE OR DISTRIBUTOR REPRESENTATIVE**

Dealer Licensing: 785-296-3621, opt. 6

Transfer Fee \$12.00

Folder # \_\_\_\_\_

Dealer # \_\_\_\_\_

Social Security Number \_\_\_\_\_ Applicants Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Applicants Home Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicants Home Phone Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ I REQUEST THE FOLLOWING LICENSE \_\_\_\_\_

### TO BE COMPLETED BY FORMER EMPLOYER

F# \_\_\_\_\_

The above named applicant is no longer employed by my dealership. I have either attached their certificate to this transfer application or have returned the original copy of said employee's license certificate to the Division of Vehicles.

D# \_\_\_\_\_ Business Phone \_\_\_\_\_

Dealer Business Name \_\_\_\_\_

Dealer Business Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Owner or Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY NEW EMPLOYER

F# \_\_\_\_\_

I certify that the above mentioned applicant is now employed by my dealership and I have the authority to sign this transfer application as proprietor, partner, corporate officer or general manager.

D# \_\_\_\_\_ Business Phone \_\_\_\_\_

Dealer Business Name \_\_\_\_\_

Dealer Business Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Owner or Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_