

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 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 Address _____ City _____ County _____ State _____ Zip _____

Signature of Owner or Authorized Representative _____ Title _____ Date _____

Applicant's Hand Printed Name _____

Signature of Applicant _____ Date _____