

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 MANUFACTURED HOME

**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 _____