

KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
DEALER LICENSING BUREAU
DOCKING STATE OFFICE BUILDING
TOPEKA, KANSAS 66626-0001
(785) 296-3621 Fax (785) 296-5854

Transfer Fee \$2.00

Folder # _____

Dealer # _____

**LICENSE TRANSFER APPLICATION FOR MANUFACTURED HOME
SALESPERSON, FACTORY REPRESENTATIVE OR DISTRIBUTOR REPRESENTATIVE**

1. _____
Social Security Number
2. _____
Applicants Last Name First Name M.I.
3. _____
Applicants Home Street Address City Co State Zip Code
4. _____
Applicants Home Phone Number
5. _____
Drivers License Number State/Issued
6. _____
Date of Birth
7. Sex: _____
8. I REQUEST THE FOLLOWING LICENSE: _____
- 9.

MUST 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 Number _____

Dealer Business Name _____

Dealer Business Address _____
Street City County State Zip

Signature of Owner or Authorized Representative & Title

Date

10.

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 his transfer application as proprietor, partner, corporate officer or general manager.

D# _____ Business Phone Number _____

Dealer Business Name _____

Dealer Business Address _____
Street City County State Zip

Signature of Owner or Authorized Representative & Title

Date

Applicant's Hand Printed Name

Applicants Signature

Date