

Driver's License
300 SW 29th Street
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Topeka KS 66601-2188



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Mark A. Burghart, Secretary

Laura Kelly, Governor

Kansas Credential Permission

Applicant Name: _____ DOB: _____ DL# _____

I certify that I am the parent/guardian of the above-named applicant, and I give my permission for them to obtain a Kansas credential.

Signature of Parent/Guardian: _____ Date: _____ DL# _____

Driving Time Certification

I certify that I am the parent/guardian of the above-named applicant and that they have completed at least 50 hours of supervised driving (with at least 10 of those hours at night) with a licensed adult who is 21 years of age or older.

Signature of Parent/Guardian: _____ Date: _____ DL# _____

Farm permit

Parent Certification

I certify that I am the parent/guardian of the above-named applicant and that they live on a farm consisting of 20 or more acres that is used for agricultural purposes.

Signature of Parent/Guardian: _____ Date: _____ DL# _____

Employer Certification

I certify that I am the employer of the above-named applicant and that they work on a farm consisting of 20 or more acres that is used for agricultural purposes.

Signature of Employer: _____ Date: _____ DL# _____

Signature of Parent/Guardian: _____ Date: _____ DL# _____