

Division of Vehicles
915 SW Harrison St.
Topeka, KS 66612



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www.ksrevenue.org

Samuel M. Williams, Secretary
David Harper, Director

Governor Jeff Colyer, M.D.

Instruction Permit / Restricted License

Applicant Name: _____ DOB: _____ DL# _____

Signature of Parent/Guardian: _____ DL# _____

Driving Time Certification

I certify that I am the parent or guardian of the above named applicant and that he/she has completed at least 50 hours of supervised driving (with at least 10 of those hours at night) with a licensed adult 21 years of age or over.

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

Farm permit

Parent Certification

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

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

Employer Certification

I certify that I am the employer of the above named applicant and that he/she works on a farm consisting of 20 or more acres that is used for agricultural purposes.

Signature of Employer: _____ Employer DL# _____

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