

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



phone: 785-296-3601
fax: 785-291-3755
www.ksrevenue.org

Nick Jordan, Secretary
Donna Shelite, Director

Sam Brownback, Governor

I hereby certify that my name is _____
(First name) (Middle Initial) (Last Name)

I further certify that my date of birth is ____/____/____, my driver's license number
is _____, my tag number is _____, my vehicle identification number
is _____, my current address is:

(Street) (Apartment/Unit) (City) (State) (Zip)

and my telephone number is (____) _____.

I hereby authorize _____
(First name) (Middle Initial) (Last Name)

to obtain my vehicle registration and/or driver's license record information including my personal
information on those records.

(Signature)

(Date)