

KANSAS DEPARTMENT OF REVENUE

Division of Vehicles

Driver Licensing Field Services

915 SW Harrison St.

Topeka, Ks 66612

CERTIFICATION OF ADDRESS

I do hereby certify that:

Name (First) (Middle) (Last)

Date of Birth: _____ KS DL or ID Number: _____

Is residing at/resides with me at:

Street, Apartment #

City State Zip Code

- Home Owner *
- Parent/Step-Parent *
- Guardian *
- Other _____
- Inmate* *

Signature of Addressee Print Name of Addressee Date

INSTRUCTIONS:

- * This form must be accompanied by two proofs of residential address in the addressee's name. (The proofs must be from different sources)
- ** Customer will be required to complete certification of address form if letter is presented and completed by the Department of Corrections for the customer named above. Two additional proofs will not be necessary.

* I declare and affirm under penalty of perjury that the statements made herein are true and correct.