Kansas

DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
DRIVER LICENSING BUREAU
www.ksrevenue.org

DEPARTMENT FOR CHILDREN & FAMILIES CERTIFICATION FOR ORIGINAL IDENTIFICATION CARD

This form must be completed by DCF/Provider staff.

DATE _____

Full Legal Name _____
(please print) First Middle Last

Date of Birth ____/____/____ Social Security Number ____-____-____

Residential Address _____

City _____ State **Kansas** ZIP _____

Mailing Address (if different from above) _____

City _____ State **Kansas** ZIP _____

DCF/Provider Authorization:

Signature _____ Printed Name _____

Title _____ Phone # (____) _____

Email Address _____

ATTN: DRIVER'S LICENSE EXAMINER

- This form is proof of social security number and residential address for an Original Identification Card for a DCF youth between the ages of 16 and 23.
- This form must be complete and signed/authorized by a DCF Provider.
- Fees will not be collected at issuance. Please delete all fees from the system.
- Kansas ID Number: _____
- Date Processed: _____
- District #: _____
- Please utilize one of the below options to submit this application to Headquarters:
  - Email to: DLGroup4@kdor.ks.gov
  - Fax to: 785-296-0691
  - Mail to: Driver Licensing
    Division of Vehicles
    PO Box 2188
    Topeka, Kansas 66601-2188

Interfund Voucher Processed by _____ Date _____

DL-DCF1 (Rev. 09/14)