



DEPARTMENT OF REVENUE  
 DIVISION OF VEHICLES  
 DRIVER LICENSING BUREAU  
[www.ksrevenue.org](http://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](mailto: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 \_\_\_\_\_