

**KANSAS DEPARTMENT OF REVENUE  
MOTORIZED BICYCLE APPLICATION**

**Applicant Information:**

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(Name) (Driver's License Number) (Date of Birth)

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(Current Street Address) (City) (State) (Zip)

I, the undersigned, hereby certify I have reviewed all sections of this application and am aware of and agree to the conditions of this application as detailed within the form. I certify all information I have recorded on this application is true and correct.

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(Signature) (Date)

**Instructions**

- You may apply to the Division of Vehicles for a determination on whether you are eligible to be issued a motorized bicycle license. Not all applicants will be eligible. Reasons for denial of an application may include, but not be limited to:
  - A current suspension for a DUI occurrence or test failure
  - A current suspension for a DUI occurrence or test failure that occurred in a commercial vehicle
  - A habitual violator revocation if the following have been recorded within the last five years;
    - Chemical test refusal or failure
    - Any DUI or drug related convictions
    - Conviction for fleeing or eluding Law Enforcement (K.S.A. 8-1568)
- You will receive written notice of your application being approved or denied. Allow 7-10 business days to process after your application is received. If approved, you will be eligible to go to a Kansas DL Examining Office and take a license examination for a motorized bicycle license and pay any required licensing fees to receive your license. If your application is denied, the reason(s) for the denial will be stated.

**Send this application to:**

Division of Vehicles  
Driver Solutions  
P O Box 12021  
Topeka KS 66601-2021  
Fax: 785-296-6851