



## CENTRAL PERMITS

## ESCORT CERTIFICATION APPLICATION

<b>New Certification # (Assigned by Central Permits)</b>		<b>Past Certification # (If recertifying)</b>		<b>Expiration Date (Assigned by Central Permits)</b>		
<b>MAILING ADDRESS</b>		<b>CONTACTS</b>		<b>CUSTOMER INFORMATION</b>		
Central Permits		Phone	785-368-6501	Company Name _____		
Docking State Office Building		Fax	785-296-6558	Company Address _____		
915 SW Harrison Room 150				City	State	Zip
Topeka, Kansas 66612		Email	mc@kdor.state.ks.us	Phone	Fax	
				Drivers Name: _____		
<b>KANSAS CERTIFICATIONS</b> <input type="checkbox"/>				<b>ALTERNATE CERTIFICATION</b> <input type="checkbox"/>		
<ul style="list-style-type: none"> <li>Defensive Driving course or Valid CDL</li> <li>Must provide evidence of taking the driving course or copy of the CDL upon application</li> </ul> <p style="text-align: right;">Length of Certification : <b>3 Years</b></p>				<ul style="list-style-type: none"> <li>Without a CDL or have previously taken a Defensive driving course, state certifications will be accepted for <b>one year only</b>.</li> <li><b>Recertification:</b> Must pass a National Safety Approved Defensive Driving Course or obtain a valid CDL</li> <li>Documentation shall be provided to Central Permits</li> </ul> <p style="text-align: right;">Length of Certification: <b>1 Year</b></p>		
<p>I _____, I certify that I am employed by the above named company or meet all the requirements and have obtained all the necessary credentials in order to operate as a self-employed escort driver.</p> <p>I further certify, I possess a current drivers license or CDL</p> <p>I further certify, I understand and agree to comply with the terms and conditions set forth in Central Permits Escort Certification program and any other restrictions provided by Central Permits or any local enforcement official. Evidence provided to the contrary will result in the immediate cancellation of the Kansas Certification.</p> <p>I further certify, I have in effect all appropriate motor vehicle liability insurance coverage as required by federal state and local law for the type or certification sought</p> <p>I further certify, such insurance must be in force on of the date when the certification is authorized and will remain in effect for the duration of the certification</p> <p>I further certify, I understand and agree to provide evidence of having obtained a Commercial Drivers License (CDL) or completing a National Safety Council approved Defensive Driving course before becoming recertified.</p> <p>I further certify, I agree to discuss all bridge memo instructions and permit restrictions with the driver of the transporting vehicle before escorting a superload in Kansas.</p>						
<b>SIGNATURES</b>						
<b>Print Name:</b>						
<b>Signature of Escort Driver:</b>				<b>Date:</b>		
<b>Print Name:</b>						
<b>Signature of Central Permits Official :</b>				<b>Date:</b>		