

Driver Solutions
300 SW 29th Street
PO Box 2021
Topeka KS 66601-2021
Mark A. Burghart, Secretary



Phone: 785-296-3671
Fax: 785-296-6851
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Laura Kelly, Governor

AFFIDAVIT

Name Date of Birth

Driver's License Number Social Security Number

Being first duly sworn, do affirm and state the following:

I have not had a lawsuit or judgement filed against me, no government property was damaged and no minors were involved as a result of the accident that occurred on: _____
(Date of Accident)

I am no longer a resident of the state of Kansas. My new address is as follows:

(Address) (City) (State) (Zip)

I do not currently own a motor vehicle.

Signature: _____ Date: _____

STATE OF _____)
) SS.
COUNTY OF _____)

The above named person appeared before me, a notary public, and executed the foregoing instrument this _____, day of _____, _____.

Notary Public

My appointment expires: _____