



**APPLICATION FOR KANSAS
HAZARDOUS MATERIALS
ENDORSEMENT**

For Department Use Only
CDL #: _____
Type of Endorsement (H or X): _____

NAME (Last, First, Middle, Suffix)				SOCIAL SECURITY NUMBER	
PREVIOUS NAMES USED (Last, First, Middle, Suffix)				DRIVER LICENSE NUMBER	
SEX (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yyyy)	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
CURRENT RESIDENTIAL ADDRESS					
CITY		STATE	ZIP		
CURRENT MAILING ADDRESS (If different than residential)					
CITY		STATE	ZIP		
PREVIOUS RESIDENTIAL ADDRESS					
CITY		STATE	ZIP		
RESIDENCY STATUS I comply with the immigration requirements described in Section 2 of the back of this form <input type="checkbox"/> True <input type="checkbox"/> False					
COUNTRY OF CITIZENSHIP		NATURALIZATION DATE	ALIEN REGISTRATION NUMBER		
CITY OF BIRTH		STATE OF BIRTH	COUNTRY OF BIRTH		
MILITARY SERVICE I have served in the United States military <input type="checkbox"/> Yes <input type="checkbox"/> No			BRANCH	DISCHARGE (mm/dd/yy)	TYPE OF DISCHARGE
CURRENT EMPLOYER NAME				CURRENT EMPLOYER PHONE (include area code)	
CURRENT EMPLOYER ADDRESS					
CITY		STATE	ZIP		
CURRENT EMPLOYER NAME (If More than One)				CURRENT EMPLOYER PHONE (include area code)	
CURRENT EMPLOYER ADDRESS (If more than one)					
CITY		STATE	ZIP		
1. I have not been convicted, or found not guilty by reason of insanity, of any disqualifying crime listed in Section 1, Part A, in any jurisdiction, military or civilian, during the 7 years before the date of this application..... <input type="checkbox"/> True <input type="checkbox"/> False					
2. I have not been released from incarceration in any jurisdiction, military or civilian, for committing any disqualifying crime listed in Section 1, Part A, in during the 5 years before the date of this application..... <input type="checkbox"/> True <input type="checkbox"/> False					
3. I have not been convicted, or found not guilty by reason of insanity, of any disqualifying crime listed in Section 1, Part B, in any jurisdiction, military or civilian..... <input type="checkbox"/> True <input type="checkbox"/> False					
4. I am not wanted or under indictment for any disqualifying crime listed in Section 1, Part C..... <input type="checkbox"/> True <input type="checkbox"/> False					
5. I have not been adjudicated as lacking mental capacity or involuntary committed to a mental institution..... <input type="checkbox"/> True <input type="checkbox"/> False					

I have disclosed any and all information with this application related to disqualifying crimes committed and as required by Federal regulation 49 CFR 1572.5(b) I understand my continuing obligation to disclose to TSA within 24 hours if I am convicted or found not guilty by reason of insanity of any disqualifying crime, or adjudicated as a mental defective or committed to a mental institution, while I have a hazardous materials endorsement for a CDL.

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement, or an omission of a material fact, on this application can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of a hazardous materials endorsement.

Applicant Signature: _____

Date: _____

Applicant: Review list of disqualifying offenses before signing.