

KS IRP APPLICATION SCHEDULE C
 Department of Revenue Rev. 9/2014

Account No.		Fleet Name		(Area Code) Fax No.		INSTRUCTIONS:	
KS						Fill out Section A for each Vehicle.	
Fleet No.		Contact Person - Regarding Application		(Area Code) Telephone No.		• Add Vehicle: fill out Section A and C. • Transfer Vehicle: fill out Section A, B and C. • Replace License Plate / Cab Card or Cab Card Only: fill out Section A and B.	
				US DOT No.			
Section A	Add Vehicle	Add	<input type="checkbox"/> Yes	Add	<input type="checkbox"/> Yes	Add	<input type="checkbox"/> Yes
	Transfer Vehicle Transfer Reason	Transfer	<input type="checkbox"/> Yes	Transfer	<input type="checkbox"/> Yes	Transfer	<input type="checkbox"/> Yes
	Replace Plate / Cab Card	Plate / Card	<input type="checkbox"/> Yes	Plate / Card	<input type="checkbox"/> Yes	Plate / Card	<input type="checkbox"/> Yes
Section B	Replace Cab Card	Card	<input type="checkbox"/> Yes	Card	<input type="checkbox"/> Yes	Card	<input type="checkbox"/> Yes
	Trf/ Rpl Unit Equip. No.						
	Trf/ Rpl Vehicle Id. No. (VIN)						
Section C	Transfer Apportioned Plate No.						
	New Unit Equip. No.						
	New Vehicle Id. No. (VIN)						
	Year						
	Make						
	Type (TT, TK, ST, UT, BS)**						
	Vehicle Color						
	Axles						
	Seats (Buses Only)						
	Fuel Type						
	Unladen Wt.						
	Registered Gross Wt.						
	Garage Address						
	Garage City, County						
	Purchase Date (Month/Year)						
Owner Purchase Price							
New Purchase Factory List Price							
US DOT No. (Vehicle Level)							
Federal ID./TIN.** (Vehicle Level)							

** Indicate the federal identification number that belongs to the US DOT number assigned to this vehicle. (Registrant Only)
 ***Type (TT, TK, ST, UT, BS TT= Truck Tractor, TK= Straight Truck, ST= Semi Trailer, UT = Utility Trailer, BS = Bus

Office Use Only - Application No.

NON MOTOR CARRIER SAFETY DECLARATION

When the Kansas Account holder is not the carrier responsible for safety. The Account Holder must complete this form to declare the Carrier Responsible for Safety of the vehicles registered on this account. A copy of the lease agreement with the Carrier Responsible for Safety must accompany this form, unless the Carrier Responsible for Safety will change within the next 30 days.

Kansas Account Number _____

This is to certify that _____
name on account

has the following vehicle(s):

List Vehicle(s) Below:

Plate / Unit Number	Year	Make	Last 6 of VIN

The Vehicle(s) list above are Leased to the following Carrier Responsible for Safety:

Name of Carrier Responsible for Safety:

Carrier Responsible for Safety: _____

CHECK THIS BOX IF THE CARRIER RESPONSIBLE
FOR SAFETY WILL CHANGE WITHIN THE NEXT
30 DAYS.

USDOT _____ MC # _____ FEIN _____

Effective Date of Lease Agreement: _____

I certify the above information to be correct. All Account holders that do not carry operating authority must complete this form each time they register a vehicle; or each time the carrier responsible for safety changes on any of the vehicles registered on their Kansas Account.

Signature: _____ Date: _____

**MOTOR CARRIER
MOTOR VEHICLE LEASE AGREEMENT**

Kansas Account Number _____

USDOT _____ MC # _____ FEIN _____

This is to certify that _____
lessee name

_____ address _____ city **KS**

has the following vehicle(s) lease for more than 30 days from:

_____ of _____
lessor name address

_____ city _____ state

List Vehicle(s) Below:

Year	Make	VIN
_____	_____	_____
_____	_____	_____

Effective date of lease period: _____ from _____ to _____

Compensation for the operation of such vehicle(s) under lease is for \$1 or more and agreed to by both the Lessee and Lessor.

Lessee Signature: _____ Lessor Signature: _____

Date: _____ Date: _____