

Dealer # _____ Folder# _____

Dealership Name _____

Dealer Address: _____

Telephone: _____ Fax _____

SALVAGE DEALER'S MAJOR COMPONENT PART QUARTERLY REPORT

Kansas Department Of Revenue
Dealer Licensing Bureau
PO Box 2369
Topeka, KS 66601-2369
Telephone: (785) 296-3621
Fax: (785) 296-5854

Quarterly Report for: (Check One) **January thru March** April thru June July thru September October thru December

D-2MCP www(4-03)

1 _____
Purchaser: Name _____ Address _____ City _____ County _____ State _____ Zip _____ Date of Sale _____
Vehicle Information: _____
Year _____ Make _____ Style _____ VIN _____ Title Number: _____
List Only the last major component part(s) sold from vehicle: _____ State Issuing Title _____
Amount of Sales Tax collected _____ No Sales Tax Collected Wholesale Farm Use Other-Explain _____

2 _____
Purchaser: Name _____ Address _____ City _____ County _____ State _____ Zip _____ Date of Sale _____
Vehicle Information: _____
Year _____ Make _____ Style _____ VIN _____ Title Number: _____
List Only the last major component part(s) sold from vehicle: _____ State Issuing Title _____
Amount of Sales Tax collected _____ No Sales Tax Collected Wholesale Farm Use Other-Explain _____

3 _____
Purchaser: Name _____ Address _____ City _____ County _____ State _____ Zip _____ Date of Sale _____
Vehicle Information: _____
Year _____ Make _____ Style _____ VIN _____ Title Number: _____
List Only the last major component part(s) sold from vehicle: _____ State Issuing Title _____
Amount of Sales Tax collected _____ No Sales Tax Collected Wholesale Farm Use Other-Explain _____

4 _____
Purchaser: Name _____ Address _____ City _____ County _____ State _____ Zip _____ Date of Sale _____
Vehicle Information: _____
Year _____ Make _____ Style _____ VIN _____ Title Number: _____
List Only the last major component part(s) sold from vehicle: _____ State Issuing Title _____
Amount of Sales Tax collected _____ No Sales Tax Collected Wholesale Farm Use Other-Explain _____

5 _____
Purchaser: Name _____ Address _____ City _____ County _____ State _____ Zip _____ Date of Sale _____
Vehicle Information: _____
Year _____ Make _____ Style _____ VIN _____ Title Number: _____
List Only the last major component part(s) sold from vehicle: _____ State Issuing Title _____
Amount of Sales Tax collected _____ No Sales Tax Collected Wholesale Farm Use Other-Explain _____

Instructions

- * All reports must be completed in full and signed
- * Major component part reports are required on a quarterly basis. (March/June/September/December) Reports are due no later than the 20th of the 20th of the following month.
- * A separate report must be submitted for each quarter. If no sales, enter "No Sales".
- * When the last major component part has been sold the actual title or transfer certificate must be attached to this report.
- * Once the last major component part has been sold, and the original title has been surrendered with the quarterly report, a Kansas title bearing that particular VIN number can never be issued or reissued.

- * Mail report to: Kansas Department of Revenue, Dealers Licensing, Topeka, Kansas 66626-0001.
or to our Post Office Box: Dealer Licensing Bureau PO Box 2369 Topeka, KS 66601-2369

- * "Major Component Part" means any vehicle part including the front clip, rear clip, doors, frame, chassis, engine, transmission, transaxle, cab, bed and box bearing the public vehicle identification number or engine number, if manufactured prior to 1981; or any vehicle part bearing a derivative of such number. K.S.A. 8-2401(ii)

- * **Salvage vehicle dealers shall, in addition to their monthly sales report for used vehicles, if applicable, file a quarterly report on a form prescribed and furnished by the division, listing all vehicles for which the last major component part containing the vehicles identification number or engine number if manufactured prior to 1981, has been disposed of or sold. The certificate of title or transfer certificate for all vehicles listed must accompany the quarterly report. K.S.A. 8-2408(b)**