

F# _____

D# _____

KDOT CERTIFICATE OF COMPLIANCE

Complete questions 1-7, then forward original copy to KDOT for certification. Please retain a copy for your records. Once they have certified this document, they will forward to the Dealer Licensing Bureau.

1. Salvage Storage Certificate of Compliance Number: _____
2. Vehicle Dealer Number: D- _____
3. Business Name: _____
4. Business Address (Site address): _____
5. Applicant's Printed Name & Home Address: _____

6. Business Phone Number: _____ Home Phone Number: _____
7. Owner(s) Name: _____
8. Mail to: KANSAS DEPARTMENT OF TRANSPORTATION
BUREAU OF RIGHT OF WAY, SALVAGE CONTROL
DENNIS MILLER, BEAUTIFICATION ADMINISTRATOR
700 SW HARRISON STREET, 14TH FL
TOPEKA, KANSAS 66603-3745

TO BE COMPLETED BY THE KANSAS DEPARTMENT OF TRANSPORTATION:

Is the above location subject to the Salvage Control Act? Yes _____ No _____

Signature of Salvage Administrator: _____

By my signature above I hereby certify that the applicant identified above is currently, by policies and standards established by the Kansas Department of Transportation, in compliance with the requirements of the junkyard and Salvage Control Act., K.S.A. 68-2201 et seq.