

**Kansas Department of Revenue
Division of Vehicles
Dealer Licensing Bureau
Topeka, KS 66626-0001
Web Site: www.ksrevenue.org/dmv
(785) 296-3621 Fax: (785) 296-5854**

Folder # _____

Dealer # _____

* 71 *

CHANGE OF RECORD FORM

Please print or type legibly. Additional forms may be needed depending on the change.

Business/Corporation Name _____

D/B/A Name _____

Business Entity Type _____ (Sole Proprietor/Partnership/Corporation/Limited Liability)

Business Address _____

City _____ County _____ State _____ Zip _____

Directions to location, if Rural Route: _____

Business Telephone # _____ Fax # _____

Email Address _____ Sales Tax Number _____

Federal Employer ID Number: _____ **COPY OF SALES TAX CERTIFICATE ENCLOSED**

Owners:

Correct owners or corporate officers and title (If you are adding/deleting owners, see backside)

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

Insurance (copy of Insurance Certificate must be on file)

Company Name _____ Policy Number _____

Insurance Effective Date _____ Insurance Expiration Date _____

Surety (Bond, CD)

Company Name _____ Surety Number _____

Supplemental Location (Approved zoning and field approval is required, prior to conducting any business at the location listed below.)

Street Address _____ City _____ County _____ State _____ Zip _____ Phone _____

Directions: _____

Franchises (Please also list expiration date of agreement. If more space is needed please complete on separate sheet)

Other Corrections: _____

Hand Printed Name of Owner _____

Signature of Owner/Authorized Representative

title

Date

SEE REVERSE SIDE TO ADD OR DELETE OWNERS

To add owner(s) or corporate officers, the following information **must** be completed. When adding a partner, 3 credit references with complete addresses must be provided on a separate sheet. Or you can forward letters on your creditors business letterhead in lieu of providing addresses.

Social Security # _____

Name _____
Last First Middle

Residence Address _____
Street City County State Zip

Residence Phone Number _____ Cell Phone Number _____

Date of Birth: _____ Sex: M _____ F _____

Drivers License Number _____ State Issued _____

Owner Type: Officer _____ Partner _____ Individual _____ Member _____

If an owner of a partnership is to be deleted for any reason other than death, the owner to be deleted must sign the disclaimer affidavit provided below, and have same notarized. If the owner is being deleted due to death please provide a copy of the death certificate.

If you are transferring your dealership to new owner(s) you must complete a Transfer of Ownership application D-23 form, we cannot accept this document to make a complete owner change. The new owner is required to complete an original application. The original application, D-23 form and new bond must be sent to the Dealer Licensing Bureau with the appropriate fee.

TRANSFER OF OWNERSHIP
(Use this section to remove a partner/owner only.)

KNOW ALL PERSONS BY THESE PRESENT: That I, the undersigned, do upon the execution hereof, sell, assign, transfer and convey unto _____

Purchasing dealer (remaining owner(s), partners)

of all my right, title and interest in and to my _____ dealership

(Type of dealership)
(New/Used/Salvage/Mfg Home)

located at _____
(Business Location) City State Zip

together with any interest I may have in _____
(Dealership Business Name)

vehicle dealer license number D- _____

(Hand Printed Partner's Signature)

(Transferring Partner's Signature(s))