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 no 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: _____