

KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
DEALER LICENSING BUREAU
TOPEKA, KANSAS 66626-0001
Web Site: www.ksrevenue.org/dmv
(785) 296-3621 FAX (785) 296-5854

KS DEALER # _____

* 69 *

FOLDER # _____

NEW VEHICLE DEALER FRANCHISE CERTIFICATION

THIS IS TO CERTIFY THAT:

Owner Name(s) _____

KS Dealer Business Name _____

Business Address _____

E-mail Address _____

City _____ State _____ Zip _____

IS A PARTY TO A WRITTEN SELLING AGREEMENT WITH:

Name of Manufacturer or Distributor _____

Address of Mfg or Distributor _____
Street City County State Zip

MANUFACTURER'S KANSAS REGISTRATION NUMBER D- _____

Telephone Number _____ Fax Number _____

Expiration Date of Selling Agreement _____

NOTE: If the above dealer is authorized with a continuous agreement, enter "Continuous" on the expiration line above. This certification will NOT be accepted if the above line is left blank. The Division of Vehicles MUST be notified of termination or transfer of this agreement immediately.

TO SELL THE FOLLOWING MAKES OF NEW:

Automobiles _____

Trucks _____

Motorcycles _____ Manufactured Homes _____

Trailers _____ Recreation Vehicles _____

TO BE CERTIFIED BY FIRST OR SECOND STAGE MANUFACTURER OR DISTRIBUTOR:

****THIS OFFICE MUST RECEIVE A COPY OF YOUR FRANCHISE AGREEMENT FOR THE ABOVE DEALER****

(Hand Print Only) Name of Authorized Representative/Contact Person & Title _____

Address/Phone # _____
Street City State Zip Phone #

Signature _____ Hand Printed Name _____

By my signature I swear or affirm that this is a true and correct statement. I am aware that the law provides severe penalties for making false statements under oath.