

# APPLICATION FOR TITLE SERVICE AGENT

**ALL Information REQUIRED.**

TOTAL FEE DUE: **\$75.00**

Must Type or Print Clearly

FEE IS NOT PRORATED

**BUSINESS INFORMATION**

Name of Business \_\_\_\_\_

Doing Business As" (dba) Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_  
*If Applicable*

Cell Phone \_\_\_\_\_ *If Applicable* email address \_\_\_\_\_  
*If Applicable*

Sales Tax Number: 004- \_\_\_\_\_ - F \_\_\_\_\_ FEIN Number \_\_\_\_\_  
(9 digit number) (2 digits) *If Applicable*

**Check box which indicates the type of business (entity):**

- Individual     Partnership     Corporation\*     Limited Liability Company\*  
 LTD Company\*     Limited Liability Partnership\*

Date Incorporated/Registered & State \_\_\_\_\_

\* *Copy and attach the Secretary of State's registration papers to this application. (Required)*

**OWNER INFORMATION**

Please provide the information below for each owner(s) of the business.

NOTE: When a corporation is owned by more than 20 stockholders, such corporation may list the President, Vice-President, Secretary and Treasurer of the corporation in lieu of listing the stockholders.

THE BELOW OWNER/CORPORATE OFFICER INFORMATION IS REQUIRED.

PLEASE PRINT OR TYPE ALL INFORMATION

Complete Legal Name	Residence Address	Residence Phone	Date of Birth	SSN	Sex

Have you ever been licensed as a vehicle title agent in Kansas?  Yes\*  
 \* If yes, year \_\_\_\_\_ License # \_\_\_\_\_  No

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Are you engaged in the vehicle title service agent business in any other location(s)?  Yes\*  
 \* If yes, provide city, \_\_\_\_\_  
 state and license number \_\_\_\_\_  No

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Have you ever been denied a title service agent license or has your title service agent license been suspended or revoked, either in Kansas or any other state?  Yes\*  
 \* If yes, please provide reason: \_\_\_\_\_  No

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Within the five immediately preceding years of the date of filing this application, you have been convicted of a felony or of any crime involving moral turpitude, or have been adjudged guilty of a violation of any law of any state or of the United States in connection with your operation as a vehicle title service agent, motor vehicle dealer or salesperson?  Yes  No

**PERSONAL PROPERTY TAX CERTIFICATION** – Requires Signature of County Treasurer

I, the undersigned County Treasurer, certify that personal levied for the preceding year against all firm owners shown hereon have been paid in full, have been paid for the half of the preceding year, or that satisfactory evidence has been presented to this office that said owners has no taxable property for the preceding year.

Certified at \_\_\_\_\_, Kansas, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by  
 County \_\_\_\_\_  
 Treasurer \_\_\_\_\_ of \_\_\_\_\_ County, Kansas.  
Signature

**Out of State Applicant, Personal Property Tax Certification**

I, the undersigned authorized agent for the Title Service submitting this application, do hereby certify all owners of the firm shown herein do not own personal property within the State of Kansas and therefore are not assessed or owe any property tax to any county(s) within the State of Kansas.

Authorized Agent's Signature \_\_\_\_\_ Same Person's Hand Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**BOND CERTIFICATE** *Amount of bond-\$25,000*

Please attach the ORIGINAL BOND form with a Power of Attorney, appointing Kansas Division of Vehicles your power of attorney.  
 Every time you make a change; such as but not limited to, your business name, business address, entity or owner(s), you **MUST** notify you bond company.  
 Your bond must stay in effect during your license tenure, if not, your license will be REVOKED.

**OWNER'S CERTIFICATION**

By applying for a vehicle title service agent license, I grant the Titles and Registrations/Dealer License Bureau Representative, or other authorized State of Kansas authorities, access to all information concerning transactions conducted by my vehicle title service.  
 I certify that as; proprietor, partner, or corporate officer of the firm, I have authority to sign and submit this application; and that all statements contained herein are true and correct. I am aware that the law provides severe penalties for making false statement under oath.

Owner's Name: \_\_\_\_\_  
Signature Hand Printed Name

Date Application was Certified and Signed:

*Prior to mailing, please make a copy of this application and all supporting documents for your records. Mail the completed application, all supporting documents and the \$75.00 license fee to: **Kansas Division of Vehicles; Titles and Registrations/Dealer License Bureau; 915 SW Harrison; Topeka, Kansas 66626-0001.** Make the \$75.00 check payable to the Kansas Department of Revenue. If you have any questions, please call (785) 296-3621, option 5.*