

APPLICATION FOR REFUND OF KANSAS APPORTIONED FLEET REGISTRATION

This form is used to apply for refund of the balance of Kansas registration fees and/or **THE CANCELLATION OF ANY REMAINING APPORTIONED FLEET QUARTERLY PAYMENT INSTALLMENTS FOR THE following described apportioned vehicle(s) as provided in K.S.A. 8-1,116(c).**

The KANSAS APPORTIONED REGISTRATION CAB CARD(s) and KANSAS APPORTIONED LICENSE PLATE(S), and any supporting documents MUST BE RETURNED with this application.

Mail to:

Kansas Department of Revenue
 Motor Carrier Services Bureau
 915 SW Harrison RM. 150
 Topeka KS 66612

Phone: 785-296-6541

SSN or FEIN

Apportioned Account Number

NAME _____

MAILING ADDRESS _____

CITY AND STATE _____ ZIP _____

Registered Annually

Registered Quarterly

Abate Fees

20__ PLATE NO.	YEAR MADE	MAKE	VEHICLE IDENTIFICATION NUMBER	*BASIS FOR REFUND OR CANCELLATION	IF SOLD NAME OF PURCHASER AND ADDRESS	DATE OF SALE

***BASIS FOR REFUND AND/OR CANCELLATION: Motor Vehicle has been SOLD, REPOSSESSED, JUNKED FORECLOSED BY MECHANIC'S LIEN, OPERATION OF LAW, OWNER DECEASED.** Indicate in this column the reason a motor vehicle is no longer in your possession. See the reverse side of this form for required documents to be filed with this application, and prerequisites to obtaining a refund or cancellation under proportional fleet registration.

The undersigned under oath swears and affirms that the above information is true and correct.

 X

 OWNERS SIGNATURE OR AUTHORIZED REPRESENTATIVE TITLE

 Date

OFFICE USE ONLY (Circle Applicable items)

Yes No Need Tag(s): _____

Yes No All Plate(s) Returned

Yes No All Cab Card(s) Returned DATE RECEIVED: _____

Yes No Copy of Bill of Sale attached

Yes No Do Refund Yes No Abate Quarter: 0901 0902 0903

Yes No Do Denial Letter (Circle all applicable)