

KANSAS APPORTIONED REGISTRANT APPLICATION
MOTOR CARRIER SERVICES BUREAU - MILEAGE SCHEDULE B
Phone 785-296-6541 Fax 785-296-6548

Rec	_____
Ent	_____
Bld	_____

License Year _____ FEIN or SSN _____ Fleet Number _____ Account Number _____

Name of Registrant _____ DBA Name _____

Business Address (No PO Boxes) _____ Phone Number _____

City _____ County _____ State _____ Zip _____ Fax Number _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Phone Number _____ **Optional Billing by vehicle?**

KCC Number _____ MC Number _____ USDOT Number _____ **Quarterly Payment?**

Enter a "X" in the box in front of each IRP jurisdiction for which you are applying for apportioned registration and have actual miles. *EST MILE- Place a "X" in this box if you want this jurisdiction on cab card and do not have actual miles. Do not enter miles.

I certify that the information is true and correct: X _____ **Date:** _____

"X"	JURISDICTION	EST MILE	ACTUAL MILEAGE	"X"	JURISDICTION	EST MILE	ACTUAL MILEAGE	"X"	JURISDICTION	EST MILE	ACTUAL MILEAGE
	AB- ALBERTA				MB-MANITOBA				OH-OHIO		
	AL-ALABAMA				MD-MARYLAND				OK-OKLAHOMA		
	AK-ALASKA				ME-MAINE				ON-ONTARIO		
	AR-ARKANSAS				MI-MICHIGAN				OR-OREGON		
	AZ-ARIZONA				MN-MINNESOTA				PA-PENNSYLVANIA		
	BC-BRIT. COLUMBIA				MO-MISSOURI				PE-PRINCE ED. IS.		
	CA-CALIFORNIA				MS-MISSISSIPPI				QC-QUEBEC		
	CO-COLORADO				MT-MONTANA				RI-RHODE ISLAND		
	CT-CONNECTICUT				MX-MEXICO				SC-SOUTH CAROLINA		
	DC-DIST.COLUMBIA				NB-NEW BRUNSWICK				SD-SOUTH DAKOTA		
	DE-DELAWARE				NC-NORTH CAROLINA				SK-SASKATCHEWAN		
	FL-FLORIDA				ND-NORTH DAKOTA				TN-TENNESSEE		
	GA-GEORGIA				NE-NEBRASKA				TX-TEXAS		
	IA-IOWA				NF-NEWFOUNDLAND				UT-UTAH		
	ID-IDAHO				NH-NEW HAMPSHIRE				VA-VIRGINIA		
	IL-ILLINOIS				NJ-NEW JERSEY				VT-VERMONT		
	IN-INDIANA				NM-NEW MEXICO				WA-WASHINGTON		
	KS-KANSAS				NS-NOVA SCOTIA				WI-WISCONSIN		
	KY-KENTUCKY				NT-N W TERRITORY				WV-WEST VIRGINIA		
	LA-LOUISIANA				NV-NEVADA				WY-WYOMING		
	MA-MASSACHUSETTS				NY-NEW YORK				YT-YUKON TERR		

INSTRUCTIONS FOR MCS-1B

Section 1 -- Mileage Schedule

List the actual miles operated, include all miles traveled, in each and all jurisdictions by the motor vehicles of the fleet that are proportionally registered with Kansas during the period of July 1 through June 30 of the fiscal year immediately preceding the new registration year. E.G., the mileage-reporting period for the registration year 2003 is July 1, 2001 through June 30, 2002.

Mark an "X" in the square of all IRP jurisdictions that you have actual miles AND want to continue the apportioned registration. If you do not put an "X" in the box, that jurisdiction will not be included.

If you wish to add a jurisdiction (and do not have actual miles) mark an "X" in the "ADD JUR" column. Our office will enter miles based on mileage that current fleets operate into these jurisdictions.

When a new account is established, and there is not a history of mileage, estimated mileage will be used. If the account is established during the period of January 1 through April 30 actual mileage will be required on the next renewal. If the account is established during the period of May 1 through December 31 the estimated mileage used on the initial application, and any added jurisdictions during that period, will be used for the next renewal. **Our office will fill in the estimated miles based on mileage that current fleets operate into these jurisdictions.**

TOTAL MILES: Miles operated from July 1 through June 30 of the preceding year. TOTAL ADD JUR: Leave blank, this office will enter miles.

Section 2 -- Registrant Information: This information must be completed by new Registrants and will be preprinted on renewal applications. Must be validated by an authorized signature.

- LICENSE YEAR Current year of registration.
 - FEIN OR SSN" Federal Employer Identification Number or Social Security Number.
 - FLEET NUMBER indicates the number of fleet applications being submitted, if more than one fleet application by the same applicant.
 - ACCOUNT NUMBER Four digit account number assigned by KS Motor Carrier Services Bureau.
 - NAME OF REGISTRANT Full name of the fleet applicant. If the registrant is an individual, provide proper name first then given name. If a partnership, the full name of each partner. If a corporation, indicate firm is incorporated. Service Representatives and Household Goods Carriers fill in both names.
 - DBA NAME: Name under which such individual does business, if any.
 - BUSINESS ADDRESS (WHERE FLEET IS BASED) Provide the street address, County, City, State and Zip Code. Must always be a Kansas address.
 - MAILING ADDRESS: This address should be where the applicant wants to receive the billing statements, apportioned credentials and correspondence.
 - CONTACT PERSON: The person who handles the paper work or understands the requirements.
 - TYPE OF OPERATIONS Check the appropriate box depending on the type of authority then:
 - a) Provide the Kansas Corporation Commission (KCC) authority number.
 - b) Provide the Interstate Commerce Commission (ICC) number and type of authority if applicable.
 - c) Enter the Federal Department of Transportation (U.S.DOT) Number in the appropriate box.
 - QUARTERLY PAYMENT OPTION: If you wish to pay the annual Kansas apportioned fee on a quarterly basis, circle YES. Original Application must be in MCSB office and paid by March 1.
 - OPTIONAL REGISTRATION FEES BY VEHICLE: Circle YES for a breakdown of vehicle registration costs on more than one vehicle. Billing invoice indicates each: Unit, Weight, VIN, Lessor (if any), Year, Make, and fee amounts (per year and per quarter, if selected).
 - SIGNATURE: Must be signature of applicant or an officer of the applicant.
- DATE: The date the application was signed.