



MOTOR CARRIER SERVICE BUREAU

SCHEDULE "D" FOR FIRST-YEAR APPLICANTS

Name _____ SS#/FEIN# _____
Address _____ Phone Number _____
Account Number _____

1. Indicate by check mark () how your vehicle(s) were registered in the prior year:

A. Kansas base plate; Name and Plate No. _____

B. Kansas IRP plate; Name and Plate No. _____

C. Foreign base plate; Name and Plate No. _____

*If foreign base plate, indicate Jurisdiction of issuance _____

D. Other _____

2. Have you previously been denied registration? YES _____ NO _____

3. In the past have you had IRP registration in Kansas? YES _____ NO _____

If yes, please indicate the name and account number of previous file _____

4. Has your registration ever been suspended or revoked? YES _____ NO _____

5. Do you hold any type of operating authority? YES _____ NO _____

Describe briefly: _____

6. Are your vehicle(s) presently leased to any individual company? YES _____ NO _____

If yes, list name and address of the lessee _____

7. Have you ever been audited by Kansas,
or any other IRP jurisdiction? YES _____ NO _____

8. Have your vehicle(s) been previously registered under any other name?

YES _____ NO _____

If yes, list each name and address _____

9. Has any Licensing Service, Remittance Agency, Trucking Service Agency,
Consultants, or other individual(s) assisted you in the preparation of your IRP
application? YES _____ NO _____

List the individual(s), or Agent's name and address _____

10. How did you determine the jurisdictions you have chosen to apportion with? _____

I (We) hereby affirm that the information set forth herein is true and correct.

Authorized Signature Date

Authorized Signature Date

Title

Title