

Kansas Apportioned Registration Fleet Vehicle Request

Office Use Only	
Received	
Date	
Entered	
Supplement	

This completed form may be faxed to 785-296-6548 or mailed to address below; only one vehicle per form will be accepted.

Mailed Request:	Requestor Name:
Motor Carrier Services Bureau	Requestor Fax:
915 SW Harrison RM. 150	Requestor Email:
Topeka KS 66612	Phone:
IRP Account Number and Fleet:	Name on IRP Account:

Circle Only One:

Lost Plate \$6.50	Lost Cab Card \$3.00	Unit Number Change	Weight Change Invoice Amount	Correction / Ownership Change	Adding Jurisdiction To Fleet
----------------------	-------------------------	-----------------------	---------------------------------	----------------------------------	---------------------------------

Plate Number:	Unit Number:
Last 5 of VIN:	Year / Make:

Enter Details of Fleet Vehicle Request:

Jurisdiction	Contract Miles	Jurisdiction	Contract Miles	Jurisdiction	Contract Miles	
Jurisdiction	Contract Miles	Jurisdiction	Contract Miles	Jurisdiction	Contract Miles	

The undersigned certifies that the information furnished in this application and any supporting documents are true and correct.

Date

Signature

Title