

**KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
MOTOR CARRIER SERVICES BUREAU
CERTIFICATION FOR ADDING AN IRP JURISDICTION(S)**

Carrier Name _____ Account Number _____

Carrier Address _____

Carrier Fax Number _____ Registration Year 20____

E-Mail address _____

OFFICE USE ONLY
SUPP. # _____

If you want Motor Carrier Services to estimate your mileage based on mileage other carriers generated last year just list the jurisdictions you wish to add and we will calculate miles.

Reasons for filling out this form: (1) To expand operation into additional jurisdiction(s) by estimating the mileage of the fleet using the formula below; or (2) To add a jurisdiction to a fleet when mileage on Schedule B of the original application was not marked with an X beside a jurisdiction(s).

Motor Carrier Services may correct your mileage if it does not appear acceptable.

Complete the following chart.

JURISDICTION	CITY/TOWN	ROUND TRIP	X's YEAR	TOTAL

A billing will be issued for the registration fees due the newly added IRP jurisdiction(s) plus \$1 cab card issuance fee for each vehicle in the fleet.

MAIL THIS FORM TO: Kansas Department of Revenue, Division of Vehicles
Motor Carrier Services Bureau
915 SW Harrison RM. 150
Topeka, Kansas 66612

FAX TO: 785-296-6548

I certify that the foregoing information is true and correct to the best of my knowledge.

OWNER'S SIGNATURE OR AUTHORIZED REPRESENTATIVE

Date