

Validation Number _____

D# _____

KANSAS

Department of Revenue
Division of Vehicles
www.ksrevenue.org/dmv

APPLICATION FOR TITLE REASSIGNMENT ADDENDUM

Title Reassignment Addendum		_____	@ \$32.50 per bundle	=	\$ _____
Sold in multiples of 5 (bundle)		No. of Bundles	(\$6.50 per addendum X 5 per bundle)		

Dealer Licensing Phone Number: Office (785) 296-3621
Fax (785) 296-5854

Dealer Business Name _____

DBA (If applicable) _____

Business Street Address _____

City _____ State _____ ZIP _____

Business Telephone Number _____

By my signature I swear or affirm that this is a true and correct statement. I am aware that the law provides severe penalties for making false statements under oath.

Owner, Manager or Corp. Officer Signature _____ Position with Dealership _____
Cannot be Signed by Person Using Power of Attorney

Hand Printed Name of Person that Signed Above _____ Date _____

- Only an owner, manager or corporate officer of the dealership can sign this form. A power of attorney or any other form of authorization cannot be used to sign.
- All information requested on this application must be provided.
- **To insure the speedy processing of your order:**
 - ✓ **Make your check or money order for the correct amount, payable to the Kansas Department of Revenue.**
 - ✓ **Your Vehicle Dealer Monthly Sales Reports, Bond, and Insurance must be current.**
- If your dealership has changed its business name and/or business location, please contact the Dealer Licensing Bureau immediately at the phone number shown above.
- Mail completed application with payment attached to: Kansas Department of Revenue
Division of Vehicles
PO Box 2369
Topeka, Kansas 66601-2369