

KS IRP APPLICATION SCHEDULE C

Department of Revenue

Rev. 8/2016

Account No. KS		Fleet Name		(Area Code) Fax No.		INSTRUCTIONS: Fill out Section A for each Vehicle. Add Vehicle: fill out Section A and C. Transfer Vehicle: fill out Section A, B and C. Replace License Plate / Cab Card or Cab Card Only: fill out Section A and B.	
Fleet No.		Contact Person – Regarding Application		(Area Code) Telephone No.			
				US DOT No.			
Section A	Add Vehicle	Add	<input type="checkbox"/> Yes	Add	<input type="checkbox"/> Yes	Add	<input type="checkbox"/> Yes
	Transfer Vehicle	Transfer	<input type="checkbox"/> Yes	Transfer	<input type="checkbox"/> Yes	Transfer	<input type="checkbox"/> Yes
	Transfer Reason						
	Replace Plate / Cab Card	Plate / Card	<input type="checkbox"/> Yes	Plate / Card	<input type="checkbox"/> Yes	Plate / Card	<input type="checkbox"/> Yes
	Replace Cab Card	Card	<input type="checkbox"/> Yes	Card	<input type="checkbox"/> Yes	Card	<input type="checkbox"/> Yes
Section B	Trf/ Rpl Unit Equip. No.						
	Trf/ Rpl Vehicle Id. No. (VIN)						
	Transfer Apportioned Plate No.						
Section C	New Unit Equip. No.						
	New Vehicle Id. No. (VIN)						
	Year						
	Make						
	Type (TT, TK, ST, UT, BS)***						
	Vehicle Color						
	Axles						
	Seats (Buses Only)						
	Fuel Type						
	Unladen Wt.						
	Registered Gross Wt.						
	Garage Address						
	Garage City, County						
	Purchase Date (Month/Year)						
	Owner Purchase Price						
	New Purchase Factory List Price						
	US DOT No. (Vehicle Level)						
	Federal ID./TIN.** (Vehicle Level)						

** Indicate the federal identification number that belongs to the US DOT number assigned to this vehicle. (Registrant Only)
 ***Type (TT, TK, ST, UT, BS TT= Truck Tractor, TK= Straight Truck, ST= Semi Trailer, UT = Utility Trailer, BS = Bus

Office Use Only – Application No.