

# KS IRP APPLICATION SCHEDULE C

Department of Revenue

Rev. 9/2014

Account No. <b>KS</b>		Fleet Name		(Area Code) Fax No.		<b>INSTRUCTIONS:</b> Fill out Section A for each Vehicle. • <b>Add Vehicle:</b> fill out Section A and C. • <b>Transfer Vehicle:</b> fill out Section A, B and C. • <b>Replace License Plate / Cab Card or Cab Card Only:</b> fill out Section A and B.	
Fleet No.		Contact Person – Regarding Application		(Area Code) Telephone No.			
				US DOT No.			
<b>Section A</b>	Add Vehicle	<b>Add</b>	<input type="checkbox"/> Yes	<b>Add</b>	<input type="checkbox"/> Yes	<b>Add</b>	<input type="checkbox"/> Yes
	Transfer Vehicle Transfer Reason	<b>Transfer</b>	<input type="checkbox"/> Yes	<b>Transfer</b>	<input type="checkbox"/> Yes	<b>Transfer</b>	<input type="checkbox"/> Yes
	Replace Plate / Cab Card	<b>Plate / Card</b>	<input type="checkbox"/> Yes	<b>Plate / Card</b>	<input type="checkbox"/> Yes	<b>Plate / Card</b>	<input type="checkbox"/> Yes
	Replace Cab Card	<b>Card</b>	<input type="checkbox"/> Yes	<b>Card</b>	<input type="checkbox"/> Yes	<b>Card</b>	<input type="checkbox"/> Yes
<b>Section B</b>	Trf/ Rpl Unit Equip. No.						
	Trf/ Rpl Vehicle Id. No. (VIN)						
	Transfer Apportioned Plate No.						
<b>Section C</b>	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.