

# KS IRP APPLICATION SCHEDULE C

Department of Revenue

Rev. 9/2014

Account No. KS	Fleet Name	(Area Code) Fax No.		<b>INSTRUCTIONS:</b> 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	Add	<input type="checkbox"/> Yes
	Transfer Vehicle	Transfer	<input type="checkbox"/> Yes	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	Plate / Card	<input type="checkbox"/> Yes
	Replace Cab Card	Card	<input type="checkbox"/> Yes	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.