

<input type="checkbox"/> Add Unit(s)	<input type="checkbox"/> Fleet to Fleet Transfer
<input type="checkbox"/> Weight Increase	<input type="checkbox"/> Correction
<input type="checkbox"/> Add Jurisdiction	<input type="checkbox"/> Transfer Vehicle
Pick One From List Above	

STATE OF KANSAS
Commercial Motor Vehicle Office
 Phone 785-296-6541
 Fax 785-296-6548

KS Schedule C

Account # _____

Fleet # _____

Supplement # _____

Request Temporary Credential Fax Temporary Credential to: _____

NAME ON ACCOUNT		USDOT NUMBER	
DOING BUSINESS AS (D/B/A)		TAXPAYER IDENTIFICATION NUMBER (TIN) or (EIN)	REGISTRANT ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS		CONTACT PERSON	MC NUMBER
MAILING ADDRESS		TELEPHONE NUMBER ()	CELL PHONE NUMBER () REGISTRATION YEAR

IRP ONLY - MARK JURISDICTIONS TO ADD OR IF NEEDED ENTER VARIANT JURISDICTIONAL WEIGHTS - If Registered at Kansas Weight 85,500

AB	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA	IA	ID
IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN	MO	MS	MT
NB	NC	ND	NE	NH	NJ	NL	NM	NS	NV	NY	OH	OK	ON
OR	PA	PE	QC	RI	SC	SD	SK	TN	TX	UT	VA	VT	WA
WI	WV	WY											

VEHICLE INFORMATION

UNIT NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	*TYPE	AXLES	BUS SEATS	**FUEL	GROSS WEIGHT	UNLADEN WEIGHT	COLOR OF VEHICLE	*TYPE TT (tractor) TK (truck) ST (trailer) BS (bus)
1											

			TRANSFER VEHICLE INFORMATION			IRP REGISTRANT ONLY - CARRIER RESPONSIBLE FOR VEHICLE SAFETY	
ORIGINAL PURCHASE PRICE REQUIRED	ORIGINAL PURCHASE DATE REQUIRED	LEASE DATE	TRANSFER PLATE	TRANSFER UNIT NUMBER	TRANSFER REASON	A copy of the lease agreement with the Carrier Responsible for Safety must accompany this form, unless the Carrier Responsible for Safety will change within the next 30 days.	
						Completed Non Motor Carrier Declaration Form	<input type="checkbox"/> YES <input type="checkbox"/> NO

UNIT NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	*TYPE	AXLES	BUS SEATS	**FUEL	GROSS WEIGHT	UNLADEN WEIGHT	COLOR OF VEHICLE	**FUEL D G P
2											

			TRANSFER VEHICLE INFORMATION			IRP REGISTRANT ONLY - CARRIER RESPONSIBLE FOR VEHICLE SAFETY	
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						Completed Non Motor Carrier Declaration Form	<input type="checkbox"/> YES <input type="checkbox"/> NO

The undersigned certifies that the information furnished in this application and any supporting documents are true and correct.

Date _____ Signature _____ Title _____