

DEPARTMENT OF REVENUE

DIVISION OF VEHICLES
VEHICLE SERVICES
www.ksrevenue.org

Military Personnel Affidavit for Motor Vehicle Tax Exemption

Name:				Rank:		
				State	e Zip	
			•		·	
Contact Phone Numbers: Work Phone: E-mail Address:						
Service Branch: Duty Station:			Ur	nit:		
Permanent resident state - as shown on LES:		ET	S Date:			
	nsas Resident - All mu					
in K Ase	Cansas if the resident ind	79-5107(e), not more than two ividual is "mobilized and deployee granted by the Kansas Board	ed" on the date of the app	lication for registra	ation of the vehicle(s).	
0 0 0 0 0	The individual's name is shown on the title as the legal owner of the vehicle(s). The individual claims Kansas as his/her permanent resident state with the military. The individual is in the full-time, regular military service of the United States (Stationed OR Deployed). The individual is in the National Guard or Reserves and is Mobilized OR Deployed. Active Guard or Reserve status. The exemption does not exceed 2 motor vehicles at the time of application for registration.					
Ent	ter Vehicle Information	- Cannot list more than 2:				
V	'ehicle Make Year	Vehicle Model	Vehicle ID Numbe		License Plate #	
No	n-Kansas Resident - A	l must apply:				
0	The individual does not	claim Kansas as his/her permaner	nt resident state with the milita	ary.		
0	The individual's name and/or spouse's name is shown on the title as the legal owner of the vehicle(s).					
0	The individual is in the full-time regular military service of the United States. The individual is absent from his/her permanent resident state in compliance of military orders AND the personal property is locate outside the permanent resident state.					
0	The personal property is	not used in or arising from a trade	e or business.			
Sig	nature of Military Pers	on or Authorized Agent:				
l do	hereby certify that the ir	formation set forth in this appli	ication is true and correct to	the best or my k	n owledge .	
X						
	Signature of military pers	son or authorized agent	Date	Relationship	if authorized agent	

This form must be accompanied by a copy of your military orders/ORB/ERB and current full month LES