

KS IRP APPLICATION SCHEDULE C
 Department of Revenue
 Rev. 9/2014

Account No.		Fleet Name		(Area Code) Fax No.		INSTRUCTIONS:	
KS						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
Section B	Replace Cab Card	Card	<input type="checkbox"/> Yes	Card	<input type="checkbox"/> Yes	Card	<input type="checkbox"/> Yes
	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)							

Office Use Only - Application No.

** 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

**AGREEMENT TO MAINTAIN RECORDS
IN ACCORDANCE WITH THE
INTERNATIONAL REGISTRATION PLAN (IRP)**

Under the provisions of Article XV Section 1500 of the International Registration Plan, each base jurisdiction (state) administrator may audit the supporting trip-mileage records of the registrants displaying apportion base plates from their jurisdiction. To qualify for apportionment, a registrant must operate interstate and must maintain accurate mileage records of the trip movement of his apportioned vehicles.

All records in support of an application must be retained for a period of three years following the year for which the application is made. These records must be maintained on each individual vehicle from July 1 – June 30 for each reporting period. A copy of the Department's recommended Individual Vehicle Mileage Record (MCS-121) can be found in the Kansas Apportioned Registration Instruction booklet.

Determination of Vehicle Trip Mileage:

- | | |
|----------------------------------|-----------------------------|
| 1. State maps | 4. Household good mileage |
| 2. Mileage chart | 5. Mileage software program |
| 3. Odometer/hubodometer readings | |

Mileage Operated Each Day is to be Recorded on a Source Document Which Must Contain:

- | | |
|---|--|
| 1. Registrant's name | 7. Trip origin and destination |
| 2. Date (starting and ending) | 8. Routes of travel |
| 3. Vehicle serial number or unit number | 9. Total trip miles |
| 4. Vehicle license plate number | 10. Mileage by jurisdiction |
| 5. Vehicle fleet number | 11. Driver's name |
| 6. Trailer number | 12. The beginning and ending
odometer/hubodometer reading
of each trip |

In recording the actual mileage of a vehicle, the carrier must record all trip movement (interstate and intrastate), including trip permit miles and loaded, empty, deadhead, and bob-tail miles. It is recommended that a monthly or quarterly recap by jurisdiction be maintained on all miles traveled. Computer printouts are acceptable if supported by an Individual Vehicle Mileage Record. Additional records such as fuel receipts, disbursement logs, repair tickets, receiving contracts (one-way rental), vehicle titles, driver's logs, dispatch logs or bills of lading should also be kept.

The Kansas Department of Revenue requires that records be made available to the department for audit upon request. If you have any questions contact a vehicle auditor at (785) 296-7719.

DECLARATION

I have read the above and agree to maintain all required records. I understand that if I fail to maintain proper mileage records for inspection by the Department, 100 percent Kansas registration fees can be assessed on all vehicles per Article XV, Section 1502 of the IRP, and Section A under "Audit Procedure" of the Uniform Operation Audit Procedure Guidelines.

Name of Account _____

Account Number _____

Address of Account _____

Signature of Owner _____

Date _____

Division of Vehicles
915 SW Harrison St
Topeka KS 66612-1588



www.ksrevenue.org

Nick Jordan, Secretary
Lisa Kasper, Director

Department of Revenue

Sam Brownback, Governor

APPROVAL FOR IFTA MILEAGE DOWNLOAD ON IRP RENEWAL

Are the miles you report for the International Fuel Tax Agreement (IFTA) the same miles you use for your apportioned registration (IRP)?

We are able to electronically obtain the mileage filed on your Kansas IFTA returns in hopes of saving you time of writing down your mileage for each jurisdiction on our IRP Renewal Application. Please read the following paragraphs to completely understand and agree to this process.

If you agree, sign and return this form your next apportioned registration renewal form will contain your mileage information from the IFTA returns you filed during the IRP Mileage Reporting Period.

When you receive your IRP renewal report you will be able to make any changes necessary to the preprinted mileage information. You may also add jurisdictions if you did not have actual miles during the reporting period.

By signing this form you are allowing our agency to use the miles reported on your IFTA returns for IRP Renewals in subsequent years.

If you have any questions please call 785-296-6541.

I, _____, authorize the Division of Vehicles/Commercial
(Print Name)

Motor Vehicle Office to electronically obtain mileage I have reported on my IFTA returns to be printed on my IRP Renewal Reports. **I understand and agree that I am required to review the information and make any necessary changes. If I find any discrepancy of my mileage download, I will contact the IFTA Office (785) 368-8222 press option #5 and then option #6 to inquire about the information.**

Kansas IFTA ID# B _____ **FEIN** _____ (Federal Employer Identification Number)

Apportioned Account Number (IRP) _____

(Signature of Owner, Partner, Corporate Officer, or Person Authorized by Power of Attorney.)

(Date)

If you change your IFTA Kansas ID# for any reason please let our office know, and submit a new approval form.

MCS-41 (9/14)

Commercial Motor Vehicle Office
Docking State Office Building
915 SW Harrison Room 150 Topeka KS 66612
Voice (785) 296-6541 Fax (785) 296-6548 <http://www.ksrevenue.org>

**KANSAS APPORTIONED REGISTRANT APPLICATION
COMMERCIAL MOTOR VEHICLE OFFICE - MILEAGE SCHEDULE B**

Rec
Ent
Bld

License Year	Account Number	Fleet Number	FEIN or SSN
Name of Registrant		DBA Name	
USDOT Number	MC Number	Contact Name	Contact Phone
Phone Number	Physical Address		City
County	Zip	Mailing Address	
Mailing City	Mailing State	Mailing Zip	

Enter all actual miles (if any) your fleet traveled in the previous reporting period. (July 1 thru June 30)

I certify that the information is true and correct: _____ Date: _____

JURISDICTION	ACTUAL MILEAGE	JURISDICTION	ACTUAL MILEAGE	JURISDICTION	ACTUAL MILEAGE
AL-ALABAMA		MI-MICHIGAN		TN-TENNESSEE	
AR-ARKANSAS		MN-MINNESOTA		TX-TEXAS	
AZ-ARIZONA		MO-MISSOURI		UT-UTAH	
CA-CALIFORNIA		MS-MISSISSIPPI		VA-VIRGINIA	
CO-COLORADO		MT-MONTANA		VT-VERMONT	
CT-CONNECTICUT		NC-NORTH CAROLINA		WA-WASHINGTON	
DC-DIST.COLUMBIA		ND-NORTH DAKOTA		WI-WISCONSIN	
DE-DELAWARE		NE-NEBRASKA		WV-WEST VIRGINIA	
FL-FLORIDA		NH-NEW HAMPSHIRE		WY-WYOMING	
GA-GEORGIA		NJ-NEW JERSEY		AB- ALBERTA	
IA-IOWA		NM-NEW MEXICO		BC-BRIT. COLUMBIA	
ID-IDAHO		NV-NEVADA		MB-MANITOBA	
IL-ILLINOIS		NY-NEW YORK		NB-NEW BRUNSWICK	
IN-INDIANA		OH-OHIO		NF-NEWFOUNDLAND	
KS-KANSAS		OK-OKLAHOMA		NS-NOVA SCOTIA	
KY-KENTUCKY		OR-OREGON		ON-ONTARIO	
LA-LOUISIANA		PA-PENNSYLVANIA		PE-PRINCE ED. IS.	
MA-MASSACHUSETTS		RI-RHODE ISLAND		QC-QUEBEC	
MD-MARYLAND		SC-SOUTH CAROLINA		SK-SASKATCHEWAN	
ME-MAINE		SD-SOUTH DAKOTA			

City - B (7-14)	TOTAL MILES
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Commercial Motor Vehicle Office
915 SW Harrison St. Room 150
Topeka, KS 66612



phone: 785-296-6541
fax: 785-296-6548
www.truckingks.org

Nick Jordan, Secretary
Lisa Kaspar, Director

Sam Brownback, Governor

SCHEDULE D

Account Number _____

Name _____

FEIN _____

Phone _____

Address _____

1. Indicate how your vehicle(s) were registered in the prior year:
Foreign base plate; Name, Plate and Jurisdiction No.

Kansas base plate; Name
and Plate No.

Kansas IRP plate; Name and
Plate No.

Other _____

2. Have you previously been denied registration?

3. In the past have you had IRP registration in Kansas?

If yes, please indicate the name and account number of previous file _____

4. Has your registration ever been suspended or revoked?

5. Do you hold any type of operating authority?

Describe briefly: _____

6. Are your vehicle(s) presently leased to any individual
company?

If yes, list name and address of the lessee _____

7. Have you ever been audited by Kansas, or any other IRP
jurisdiction?

8. Have your vehicle(s) been previously registered under any
other name?

If yes, list each name and address _____

9. Has any Licensing Service, Remittance Agency, Trucking
Service Agency, Consultants, or other individual(s) assisted you
in the preparation of your IRP application?

List the individual(s), or Agent's name and address _____

I hereby affirm that the information set forth herein is true and correct.

Authorized Signature

Date

Title

NON MOTOR CARRIER SAFETY DECLARATION

When the Kansas Account holder is not the carrier responsible for safety. The Account Holder must complete this form to declare the Carrier Responsible for Safety of the vehicles registered on this account. 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.

Kansas Account Number _____

This is to certify that _____
name on account

has the following vehicle(s):

List Vehicle(s) Below:

Plate / Unit Number	Year	Make	Last 6 of VIN

The Vehicle(s) list above are Leased to the following Carrier Responsible for Safety:

Name of Carrier Responsible for Safety:

Carrier Responsible for Safety: _____
CHECK THIS BOX IF THE CARRIER RESPONSIBLE FOR SAFETY WILL CHANGE WITHIN THE NEXT 30 DAYS.

USDOT _____ MC # _____ FEIN _____

Effective Date of Lease Agreement: _____

I certify the above information to be correct. All Account holders that do not carry operating authority must complete this form each time they register a vehicle; or each time the carrier responsible for safety changes on any of the vehicles registered on their Kansas Account.

Signature: _____ Date: _____

**MOTOR CARRIER
MOTOR VEHICLE LEASE AGREEMENT**

Kansas Account Number _____

USDOT _____ MC # _____ FEIN _____

This is to certify that _____
lessee name

_____ address _____ city **KS**

has the following vehicle(s) lease for more than 30 days from:

_____ of _____
lessor name address

_____ city _____ state

List Vehicle(s) Below:

Year	Make	VIN

Effective date of lease period: _____ from _____ to _____

Compensation for the operation of such vehicle(s) under lease is for \$1 or more and agreed to by both the Lessee and Lessor.

Lessee Signature: _____ Lessor Signature: _____

Date: _____ Date: _____