

FUEL TYPE \_\_\_\_\_

# Commercial Vehicle

VEHICLE COLOR \_\_\_\_\_

## TITLE AND REGISTRATION MANUAL APPLICATION

PRIORITY

County Name \_\_\_\_\_ County No. \_\_\_\_\_ County Situs \_\_\_\_\_ Application Date \_\_\_\_\_

TRANSACTION TYPE: \_\_\_\_\_ \*VEHICLE TYPE: \_\_\_\_\_ REGISTRATION TYPE: COMMERCIAL

Plate Number \_\_\_\_\_

Reg. Expires \_\_\_\_\_

OWNER'S NAME(S) (Last, First, Middle Initial)

Relationship Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

City

State

ZIP

VIN: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

Purchase/Brought into KS Date: \_\_\_\_\_ Mileage: \_\_\_\_\_  Actual  Exceeds  Not Actual  Exempt

Empty Wght.: \_\_\_\_\_ Tgi Wght.: \_\_\_\_\_

6 i q|b Ygg 5 XXf Ygg  Temporary (Mail just the title.)  Permanent (Mail title & renewal notice.)  Lienholder (Mail title to lienholder.)

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

1<sup>st</sup> Lienholder's  
Name

2<sup>nd</sup> Lienholder's  
Name

Address, City  
State, ZIP

Address, City  
State, ZIP

1<sup>st</sup> TOD  
Name

2<sup>nd</sup> TOD  
Name

Address, City  
State, ZIP

Address, City  
State, ZIP

### PLATE TRANSFER INFORMATION

Previous Vehicle's VIN: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Style: \_\_\_\_\_

Vehicle Sold to/Repossessed by: \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

I hereby certify that I am a resident or have a bona fide place of business in this county and that I am an owner of and have in effect financial security for the aforementioned vehicle as required by Kansas law. I further certify that all liens and/or encumbrances, if any, are listed and the information on this application is true and correct to the best of my knowledge and belief.

**FALSE CERTIFICATION CAN RESULT IN CRIMINAL PROSECUTION**

Owner's Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

### Commercial Vehicle Information

Dealer/Business Name: \_\_\_\_\_

Person to contact: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

USDOT Number: \_\_\_\_\_

FEIN/SSN Number: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

FLEET # \_\_\_\_\_