

# KANSAS APPLICATION SCHEDULE C

Department of Revenue

Rev. 04/2022

Account No. <b>KS</b>	Fleet Name	(Area Code) Fax No.	<b>INSTRUCTIONS:</b> Fill out Section A for each Vehicle. • <b>Add Vehicle:</b> fill out Section A and C. • <b>Transfer Vehicle:</b> fill out Section A, B and C. • <b>Replace License Plate / Cab Card or Cab Card Only:</b> fill out Section A and B.
Fleet No.	Contact Person – Regarding Application	(Area Code) Telephone No.	
	Contact E-mail	US DOT No.	

<b>Section A</b>	Add Vehicle	<b>Add</b>	Yes	<b>Add</b>	Yes	<b>Add</b>	Yes	<b>Add</b>	Yes
	Transfer Vehicle Transfer Reason	<b>Transfer</b>	Yes	<b>Transfer</b>	Yes	<b>Transfer</b>	Yes	<b>Transfer</b>	Yes
	Replace Plate / Cab Card	<b>Plate / Card</b>	Yes	<b>Plate / Card</b>	Yes	<b>Plate / Card</b>	Yes	<b>Plate / Card</b>	Yes
	Replace Cab Card	<b>Card</b>	Yes	<b>Card</b>	Yes	<b>Card</b>	Yes	<b>Card</b>	Yes
<b>Section B</b>	Trf/ Rpl Unit Equip. No.								
	Trf/ Rpl Vehicle Id. No. (VIN)								
	Transfer Apportioned Plate No.								
<b>Section C</b>	New Unit Equip. No.								
	New Vehicle Id. No. (VIN)								
	Year								
	Make								
	Model								
	Type (TT, TK, ST, UT, BS)***								
	Autonomous Vehicle	Yes		Yes		Yes		Yes	
	Vehicle Color								
	Axles								
	Combined 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.

## INSTRUCTIONS FOR MCS-66 APPORTIONED SUPPLEMENTAL APPLICATION

**NAME OF REGISTRANT (DBA, if any):** Full name of the fleet applicant.

**CONTACT PERSON & PHONE NUMBER:** Individual's name and telephone number that is responsible for answering any questions regarding the supplement.

**ACCOUNT NUMBER:** Six-digit account number assigned by KDOR

**SUPPLEMENT NUMBER:** The next consecutive number of supplements that have been submitted.

**WEIGHT GROUP:** Enter the gross weight amount in the applicable box. This registered weight is the same for each vehicle listed on this

page. Enter any weight that varies from the equivalent weight for this group. All vehicles on this page will be changed.

(See the equivalent weight chart,

page 21 and the maximum weight listing page 24 in the instruction manual.

**FAX NUMBER & LOCATION:** The fax number & location(city & state) where any material may be faxed.

**FLEET NUMBER:** If Registrant has more than 1 fleet registered in Kansas.

**LICENSE YEAR:** Current year of registration.

### ADDITIONS

1. **EQUIPMENT NUMBER:** Show equipment or unit number assigned to vehicle.
2. **YEAR:** The model year the vehicle was manufactured. Use a two-digit year, such as 22.
3. **MAKE:** The first four letters of the vehicle manufacture. For example: **DODG** for Dodge.
4. **COMPLETE VEHICLE IDENTIFICATION NUMBER:** All of the numbers and letters used to identify the vehicle.
5. **TYPE:** Show the type of vehicle: **TT** for truck tractor; **TK** for truck single; **ST** for semi-trailer; or **BS** for bus.
6. **AXLES/SEATS:** Show number of axles under each vehicle listed or show number of passenger seats for a bus.
7. **FUEL TYPE:** Show type of fuel used in a motor vehicle. **D** for diesel; **G** for gas; **P** for propane.
8. **UNLADEN WEIGHT:** The actual weight of the vehicle, excluding the weight of any load.
9. **DATE OF PURCHASE:** If the vehicle is owned by the applicant, show the date the vehicle was purchased by month, day, and year, e.g., 7/31/21.
10. **FACTORY PRICE:** The actual purchase price of the vehicle paid by the current owner, excluding trade-in and sales tax, including accessories and modifications attached to the vehicle.
11. **NAME OF OWNER:** Enter the name as shown on the title. If a vehicle is subject to a lease, show the name and address of the lessor.
12. **DECLARED COMBINED GROSS WEIGHT:** Enter the weight of the truck including the driver and full fuel tanks plus the weight of the trailers or semitrailers, plus the maximum payload or cargo to be carried on the trailers or semi-trailers.
13. **US DOT Number:** Enter the number assigned by the United States Department of Transportation.
14. **EIN:** Enter your Federal Employer Identification Number.
15. **Sales Tax Number:** Enter your sales tax number as assigned by the Kansas Department of Revenue.
16. **Vehicle Safety Change:** If there will be a change in the vehicle safety responsibility during the current year check "Yes". Otherwise check "No".

### DELETIONS

(Columns 1 through 4 are the same as Additions)

5. **LICENSED WEIGHT:** The declared combined gross weight.
6. **ADDED EQUIPMENT NUMBER:** If this license plate is being transferred to an added vehicle, provide the unit number assigned by the Registrant.
7. **DATE OF DELETION:** Show date vehicle was deleted by month, day, and year.
8. **REASON DELETED:** Show why vehicle is being deleted. Vehicle can be transferred if sold, repossessed, foreclosed by mechanics lien or expiration or cancellation of lease agreement. Registration cannot be transferred to a vehicle already in the Registrant's possession.
9. **TO WHOM SOLD:** Show name and address of person purchasing vehicle, repossessing vehicle. If a lease agreement was cancelled or expired, name and address of lessor.