

**KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
MOTOR CARRIER SERVICES BUREAU
CERTIFICATION FOR ADDING IRP JURISDICTION(S)**

Carrier Name _____ Account Number _____

Carrier Address _____

Carrier Fax Number _____ Registration Year 20____

E-Mail address _____

OFFICE USE ONLY
SUPP. # _____

Estimated Mileage for all added jurisdictions will be calculated according to the IRP Plan. If you have a detailed business plan and can provide accurate estimations of your expanded operations submit copies of the business plan and estimates along with this form.

List Jurisdictions to be added:

Jurisdictions				

A billing will be issued for the registration fees due the newly added IRP jurisdiction(s) plus \$1 cab card.

MAIL THIS FORM TO: Kansas Department of Revenue, Division of Vehicles
Motor Carrier Services Bureau
915 SW Harrison RM. 150
Topeka, Kansas 66612

FAX TO: 785-296-6548

I certify that the foregoing information is true and correct to the best of my knowledge.

OWNER'S SIGNATURE OR AUTHORIZED REPRESENTATIVE

Date