

APPLICATION FOR TITLE- APPORTIONED REGISTRATION  
 Mail to: MOTOR CARRIER SERVICES BUREAU, 915 SW HARRISON RM 150, TOPEKA KS 66612  
**This Form Must Be Completed Before Submitting (Type or Print)**

IRP Account Number \_\_\_\_\_ Fleet \_\_\_\_\_

Vehicle ID Number (VIN) \_\_\_\_\_

**Select Application Type**

- Title Only - Leasing to Out-of-State Carrier
- Ownership Change - Staying on same IRP Account
- Original - Adding to IRP Account

Truck or Trailer

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

Application Date: \_\_\_\_\_ Assignment Date: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

**Vehicle Ownership must be the same as on the assigned title.**

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

And &	OR #	Lessor R	DBA D
And &	OR #	Lessee E	DBA D

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

Name: \_\_\_\_\_  
 Last First Middle Initial Suffix, Jr, Sr, etc

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Mail Out Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1st Lienholder Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2nd Lienholder Name **POWER UNITS ONLY** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1st Beneficiary Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2nd Beneficiary Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I do certify that I have in effect and will maintain continuously through the registration period financial security as required by law for the above described vehicle. I further certify that all liens and/or encumbrances, if any, are listed and the information this application is true and correct to the best of my knowledge and belief. **FALSE CERTIFICATION CAN RESULT IN CRIMINAL PROSECUTION. If "AND" option is selected under the owner entries then all owners must provide their signatures below:**

**Signature of Owners:** \_\_\_\_\_

Sales Tax: <input type="checkbox"/> Exempt	<input type="checkbox"/> Paid	<input type="checkbox"/> Tax Number on File	<input type="checkbox"/> App Sent to TAC	<b>OFFICE USE ONLY</b>
<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> Assembled	<input type="checkbox"/> Salvage	Type HT TR
<input type="checkbox"/> Formerly Non Highway				Body Style TR CT