

# Kansas Apportioned Registration

## Fleet Vehicle Change Request

IRP Account

Fleet

Supplement

This completed form may be faxed to 785-296-6548 or mailed to Motor Carrier Services Bureau; 915 SW Harrison Rm 150; Topeka KS 66612; only one vehicle per form will be accepted.

Requestor Name:

Requestor Fax:

Requestor Email:

Phone:

Name of IRP Account:

### Circle One Only:

Lost Plate \$6.50

Lost cab Card \$3.00

Weight Change /  
Variant Weights

Delete Unit  
Return Plate / Cab Card

Correction

Ownership Change

Withdraw Plate

Unit Number Change

Plate Number:

Unit Number:

Complete VIN:

Year / Make:

Jurisdiction	Variant Weight	Jurisdiction	Variant Weight
Jurisdiction	Variant Weight	Jurisdiction	Variant Weight

### Enter Details of Request:

The undersigned certifies that the information furnished in this application and any supporting documents are true and correct.

Date

Signature

Title