

APPLICATION FOR REFUND OF KANSAS COMMERCIAL FLEET REGISTRATION

This form is used to apply for refund of the balance of Kansas registration fees and/or THE CANCELLATION OF ANY REMAINING APPORTIONED FLEET QUARTERLY PAYMENT INSTALLMENTS FOR THE following described apportioned vehicle(s) as provided in K.S.A. 8-1,116(c).

The KANSAS REGISTRATION CAB CARD(s) and KANSAS LICENSE PLATE(S), and any supporting documents MUST BE RETURNED with this application.

Mail to:
 Kansas Department of Revenue
 Commercial Motor Vehicle Office
 915 SW Harrison RM. 150
 Topeka KS 66612

SSN or FEIN
Apportioned Account Number

Phone: 785-296-6541

NAME _____

MAILING ADDRESS _____

CITY AND STATE _____ ZIP _____

20__ PLATE NO.	YEAR MADE	MAKE	VEHICLE IDENTIFICATION NUMBER	*BASIS FOR REFUND OR CANCELLATION	IF SOLD NAME OF PURCHASER AND ADDRESS

***BASIS FOR REFUND AND/OR CANCELLATION: Motor Vehicle has been SOLD, REPOSSESSED, JUNKED FORECLOSED BY MECHANIC'S LIEN, OPERATION OF LAW, OWNER DECEASED.** Indicate in this column the reason a motor vehicle is no longer in your possession. See the reverse side of this form for required documents to be filed with this application, and prerequisites to obtaining a refund or cancellation under proportional fleet registration.

The undersigned under oath swears and affirms that the above information is true and correct.

 X
 OWNERS SIGNATURE OR AUTHORIZED REPRESENTATIVE TITLE

 Date

OFFICE USE ONLY (Circle Applicable items)					
Yes	No	Need Tag(s): _____		DATE RECEIVED: _____	
Yes	No	All Plate(s) Returned			
Yes	No	All Cab Card(s) Returned			
Yes	No	Copy of Bill of Sale attached			
Yes	No	Do Refund	Yes	No	Abate Quarter: 0901 0902 0903
Yes	No	Do Denial Letter	(Circle all applicable)		