

Commercial Motor Vehicle Services

Schedule D- New Applicants or New Fleet

Business Name/Name:	FEIN:
Business Phone Number:	US-DOT#:
Address:	Owner Name/Business Contact Name:

How was your vehicle registered in the previous year?	Plate #	Business Name
Kansas Base Plate:		
Kansas IRP Plate:		
Foreign Base Plate:		
If Foreign Base Plate What Jurisdiction:		

Please answer Yes or No to the following questions	Yes	No
Have you previously been denied registration?		
In the past have you had IRP Registration in Kansas?		
If Yes please indicate the Name and Account number of previous File:		
Name:		
Account Number:		
Has your registration ever been suspended or revoked?		
Do you hold any type of operating authority?		
Describe Briefly:		
Are your vehicles presently leased to any individual company?		
If yes, list name and address of lessee:		
Name:		
Address:		
Have you ever been audited by Kansas or any other IRP Jurisdictions?		
Has your vehicle(s) been previously registered under any other name?		
If yes, list each name and address		
Name:		
Address:		
Has any licensing service, Remittance agency, Trucking Service Agency, Consultants, or other individuals assisted you in the preparation of your IRP application?		
If Yes, List the individuals name and address:		
Name:		
Address:		

Authorized Signature

Date

Authorized Signature

Date

Title

Title