KANSAS DEPARTMENT OF REVENUE
MOTOR CARRIER SERVICE BUREAU
785-271-3145, Option 1

Schedule C- Apportioned Supplemental Application Account Number: _____

Check the appropriate box below:

☐ **New Unit** ☐ **Wt Increase** ☐ **Delete Unit** ☐ **Addition** ☐ **Transfer** ☐ **Variance Wt** Supplement Number: _____

Name of Registrant (DBA)	**Contact Person**	**Phone Number**

Mark X For a fax ☐	**Fax Number**	**EIN**	**License year**

Boxes are used for weight changes in other jurisdictions only if you are requesting a weight variance. Enter gross weight in the applicable box.

AB	AL	BC	CT	IA	ID	LA	MB	ME	MI	MN	MT
ND	NE	NM	OK	OR	PE	SD	SK	UT	WA	WY	

ADDITIONS

	1	2	3	4	5	6	7	8	9
Trans Type of Code	**Equipment Number**	**Year**	**Make**	**Complete Vehicle Identification Number**	**Type**	**Axles / Seats**	**Fuel**	**Unladen Weight**	**Date of Purchase**

FOR OFFICE USE ONLY
Rate _____
Use Tax _____
Proof of Title ____

10	12	13	14	15	16
Factory Price	**Declared Combined Gross Weight**	**US Dot #**	**EIN**	**Sales Tax #**	**Vehicle Safety Change**
					☐ **Yes** ☐ **No**

ADDITIONS

	1	2	3	4	5	6	7	8	9
Trans Type of Code	**Equipment Number**	**Year**	**Make**	**Complete Vehicle Identification Number**	**Type**	**Axles / Seats**	**Fuel**	**Unladen Weight**	**Date of Purchase**

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Proof of Title ____

10	12	13	14	15	16
Factory Price	**Declared Combined Gross Weight**	**US Dot #**	**EIN**	**Sales Tax #**	**Vehicle Safety Change**
					☐ **Yes** ☐ **No**

ADDITIONS

	1	2	3	4	5	6	7	8	9
Trans Type of Code	**Equipment Number**	**Year**	**Make**	**Complete Vehicle Identification Number**	**Type**	**Axles / Seats**	**Fuel**	**Unladen Weight**	**Date of Purchase**

FOR OFFICE USE ONLY
Rate _____
Use Tax _____
Proof of Title ____

10	12	13	14	15	16
Factory Price	**Declared Combined Gross Weight**	**US Dot #**	**EIN**	**Sales Tax #**	**Vehicle Safety Change**
					☐ **Yes** ☐ **No**

DELETIONS

	1	2	3	4	5	6	7	8	9
Trans Type of Code	**Equipment Number**	**Year**	**Make**	**Complete Vehicle Identification Number**	**Licensed Weight**	**Added Equipment Number**	**Date of Deletion**	**Reason Deleted**	**To whom sold, repossessed by, lessors name and address of applicable party**

Note: The License Plate and Cab Card must be returned to Motor Carrier Services Bureau on any deleted vehicle in order to obtain a transfer credit.

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

_____ _____ _____
Date Signature Title

MCS-66www (Rev. 11/06)