USDOT Safety Responsibility Statement Kansas Department of Revenue – Motor Carrier Services

Vehicle Registration Information

Registration Year		Account Number FI		eet Nu	mber	Account Name		
Unit Number	Vehicle Year		Vehicle Mak	ce Co	Complete Vehicle Identification Number (VIN)		tion Number (VIN)	
Γhe above iden	tifie	d vehicle wi	ll operate ur	nder th	ne safety re	sponsibility	of the following motor carrier	
US-DOT		Taxpayer ID Number (TIN)) Mo	Motor Carrier Name			
Contact Name					Contact Telephone Number		Contact Fax Number or E-mail Address	
Immediate agreemen	ely a t is t	dvise the k terminated	Kansas Dep I. Notificatio	artme on mu nd cc	ent of Reve ust be in w omply with	enue or Pre riting, subr	above agrees to: eferred County office if this mitted by fax, letter or email. T requirements, including timely	
Safety Respons	ible	Motor Carrie	r Authorized F	Represe	entative's Pri	nted Name	Title	
Authorized Representative's Signature*							Date	
*Cannot be	sigi	ned by a lice	ensing agent	or thi	ird-party			