Kansas Department of Revenue Commercial Motor Vehicle Department Vehicle Change Request Form

This completed form may be emailed, faxed or mailed to the address below.

Fax: 785-296-6548 Email: kdor_mc@ks.gov

Mailed Request: Commercial Motor Vehicle Department PO BOX 12003 Topeka, KS 66601	Name on Account:
	Account Number:
	Fleet Number: Requestor's Name / Number:
	Requestor's Email:
Check Only One:	
Replace Plate Lost Cab Card Unit Number Weight Change Correction / Ownership Change	
Plate Number:	Unit Number:
Last 5 of VIN:	Year / Make:
Enter Details of Vehicle Change Request:	
The undersigned certifies that the information furnished in this application and any supporting documents are true and correct.	
Date Signature	Title

MCSB – Fleet Vehicle Request (04/2019)