

KANSAS

Department of Revenue

Division of Vehicles

www.ksrevenue.gov/dmv**APPLICATION FOR TITLE
REASSIGNMENT ADDENDUM****Title Reassignment
Addendum**

Sold in multiples of 5 (bundle)

No. of Bundles

@ \$32.50 per bundle

=

\$ _____

(\$6.50 per addendum X 5 per bundle)

Dealer Licensing Phone Number: Office (785) 296-3621 Fax
(785) 296-5854

Dealer Business Name _____

DBA (If applicable) _____

Business Street Address _____

City _____ State _____ ZIP _____

Business Telephone Number _____

By my signature I swear or affirm that this is true statement. I am aware that the law provides severe penalties for making false statements under oath.Owner, Manager or
Corp. Officer Signature _____Position with
Dealership _____

Cannot be Signed by Person Using Power of Attorney

Hand Printed Name of
Person that Signed Above _____ Date _____

- Only an owner, manager or corporate officer of the dealership can sign this form. A power of attorney or any other form of authorization cannot be used to sign.
- All information requested on this application must be provided.
- **To insure the speedy processing of your order:**
 - ✓ Make your check or money order for the correct amount, payable to the Kansas Department of Revenue.
 - ✓ Your Vehicle Dealer Monthly Sales Reports, Bond, and Insurance must be current.
- If your dealership has changed its business name and/or business location, please contact the Dealer Licensing Bureau immediately at the phone number shown above.
- Mail completed application with payment attached to: Kansas Department of Revenue
Division of Vehicles
PO Box 2369
Topeka, Kansas 66601-2369