

# KANSAS

Department of Revenue  
Division of Vehicle Services  
Dealer Licensing  
PO Box 2369, Topeka, KS 66601-2369  
<https://www.ksrevenue.gov/pdf/D14.pdf>

## APPLICATION FOR KANSAS DRIVE AWAY TRANSPORTER PLATE(S)

Dealer Licensing: 785-296-3621, opt. 6

Folder # \_\_\_\_\_  
(Office Use Only)

### INSTRUCTIONS

**K.S.A. 8-143 Drive Away Transporter Plate definition:** A transporter delivering vehicle not said transporter's own by the drive-away method where such vehicles are being driven, towed, or transported singly, by the saddle mount, tow bar, or full mount methods or by any lawful combination thereof, may apply for license plates which may be transferred from one such vehicle or combination to another for each delivery without further registration.

**A copy of liability insurance certificate must be attached for each driver/owner.**

**If there are additional owners, information must be listed on page 2.**

Drive-Away plates run January 1 through December 31 of each calendar year. If a Drive-Away plate is lost or stolen, you must contact your local law enforcement to report the plate(s) as lost or stolen. A copy of the law enforcement report and second application must be completed. Please indicate which plates are lost or stolen. Send the requested information in with the replacement fee to the following address:

Kansas Department of Revenue, Division of Vehicle Services, P.O. Box 2369, Topeka, KS 66601-2369.

**FEES: 1<sup>st</sup> Drive Away plate \$64.00.**

**Additional Drive Away plates \$38 each.**

**Replacement Plates \$38 each.**

**(Make checks payable to the Kansas Department of Revenue)**

Plate Order	
1 <sup>st</sup> Drive Away Plate	\$64.00
Additional or Replacement Plates _____ @ \$38.00 ea. =	\$ _____
<b>Total Plates</b>	<b>Total Fees \$ _____</b>

Owner Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City County State Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Female  Male

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address City County State Zip

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drive away plates will be used for:

LOST/STOLEN Plates: If a Drive-Away plate is lost or stolen, you must contact your local law enforcement to report the plate(s) as lost or stolen. Provide plate(s) and report number(s) \_\_\_\_\_

I, the above named individual (or authorized representative of the above named firm) do hereby certify that there is in effect and will be maintained continuously throughout the transporter's application period, financial security as required by law. I also understand that mis-use of such plates could result in the cancellation and denying drive-away registration and plates. Further certification is made that the statement made in the above and foregoing application are true and correct and that I qualify for said license plates for use as described in K.S.A. 8-143. I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_



