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KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
DEALER LICENSING BUREAU
TOPEKA, KANSAS 66626-0001
www.ksrevenue.org/dmv
PH # (785)296-3621 FAX (785)296-5854

F# _____

CHANGE OF RECORD FORM

Please print or type legibly. Additional forms may be needed depending on the change.

D# _____ Dealer Name _____

Business or DBA Name Change

(requires Bond Rider, Insurance Certificate and Sales Tax Certificate with new name)

Business/Corporation Name _____

DBA _____

Phone/Fax/Email Change

(Your business phone must be in the business name and listed with the phone company)

Business Phone _____ Fax _____ Cell Phone _____

Email Address _____

Sales Tax ID/FEIN Change

(Copy of Kansas Sales Tax Certificate must be attached)

SALES TAX ID #: _____ FEIN: _____

Entity Type Change

*(*Copy of Secretary of State's Articles of Corporation required)*

___ Individual (Sole Proprietor) ___ Partnership ___ Corporation* ___ Limited Liability Co.*

___ LTD Company* ___ Limited Liability Partnership* Date Incorporated/Registered in Kansas _____

Other Corrections: _____

Owner's Name _____

(Please Print)

Signature of Owner X _____ Date _____

Signature

All Location Changes and application for Supplemental Locations must be completed on their (D12a); all Franchise Certifications must be submitted on the (D100) with a copy of the Franchise Agreement. Insurance and Surety Bond changes and updates must be submitted in their entirety on appropriate policy forms through their policy carriers.

SEE REVERSE SIDE TO ADD OWNERS

Add Owners:

- If an owner is being deleted due to death please provide a copy of the death certificate.
- If an owner is being deleted and transferring ownership to an existing member the Transfer of Ownership (D-23) form is required.
- If you are transferring the dealership to new owners a completed Transfer of Ownership (D-23) form is required, in addition to a complete original application (D-17), all required documents and appropriate fees from the new ownership.

To add owner(s) or corporate officers, the following information must be completed. When adding a partner 3 credit references with complete addresses must be provided on the references business letterhead.

SSN # _____ DOB ____/____/____ Driver's License # _____ Sex: Male Female

Owner Type: Officer Partner Individual Member

Name _____

Residence Address _____
Last First Middle

Residence Phone # _____ Street City County State Zip
Cell Phone # _____

SSN # _____ DOB ____/____/____ Driver's License # _____ Sex: Male Female

Owner Type: Officer Partner Individual Member

Name _____

Residence Address _____
Last First Middle

Residence Phone # _____ Street City County State Zip
Cell Phone # _____

SSN # _____ DOB ____/____/____ Driver's License # _____ Sex: Male Female

Owner Type: Officer Partner Individual Member

Name _____

Residence Address _____
Last First Middle

Residence Phone # _____ Street City County State Zip
Cell Phone # _____

SSN # _____ DOB ____/____/____ Driver's License # _____ Sex: Male Female

Owner Type: Officer Partner Individual Member

Name _____

Residence Address _____
Last First Middle

Residence Phone # _____ Street City County State Zip
Cell Phone # _____