

Fee Enclosed: _____

KANSAS DEPARTMENT OF REVENUE
APPLICATION FOR LIQUID FUELS
CARRIER'S LICENSE AND
CERTIFICATES

FOR OFFICE USE—LEAVE BLANK
License No.: _____
Date Mailed: _____

Fee is \$10.00 per vehicle

SEE ADDRESS ON BACK

1. Legal name: _____

2. DBA name: _____

3. Business mailing address: _____
Street Address or Post Office Box City State Zip Code

4. Business location address: _____
Street Address City County State Zip Code

5. Federal Employers Identification Number: _____ 6. Business Phone Number: _____
FAX Number: _____

7. Check type of ownership: Individual Partnership Corporation Other _____

8. List owner, partners, corporate officers and all stockholders who own 5% or more of company stock.

Name	Address	Title	Social Security Number	Telephone Number
------	---------	-------	------------------------	------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. The correct description of each vehicle which applicant will use in Kansas in such business, and for which the applicant desires a liquid fuels carrier's license certificate, is: (List here separately each vehicle that transports liquid fuels or motor-vehicle fuels from any refinery, place of production or manufacture, or pipe-line terminal, or across the state line, in quantities of 120 gallons or more over any of the public highways of this state; and also each vehicle that transports such fuels in quantities of 3,500 gallons or more over any of the public highways of this state from any point of origin other than a refinery, place of production or manufacture, or pipe-line terminal.) **Attach list of additional vehicles if necessary.**

Make and Year	Kind of Vehicle Truck/Truck-Tractor	Complete VIN Number on Vehicle	Gallons Carrying Capacity	Leave Blank Certificate No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. What type or types of fuel or fuel additive are you hauling in the State of Kansas? Diesel Gasoline Ethanol
 Methanol Kerosene Alcohol Propane Compressed Natural Gas E-85 Jet Fuel
 Other Please describe _____

11. Are you a licensed Distributor in the State of Kansas? Yes No, Distributor License # _____ If yes, do you only haul fuel for own retail locations located in the State of Kansas? Yes No

12. Are the above described vehicles properly painted in compliance with the law and the rules and regulations and will be painted before operating in Kansas. Yes No (See back K.A.R. 92-3-6)

13. Are the applicant(s) at least 18 years of age? Yes No

14. Are you or any partner, corporate officer or stockholder owning more than 5% of company stock delinquent in payment of any motor fuel taxes, interest or penalty to a taxing agency in any state or to the federal government? Yes No

15. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock been convicted of a felony involving theft within 5 years immediately preceding the date of making application in this or any other jurisdiction? Yes No

16. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock been convicted of a felony involving fraud or tax evasion in this or any other jurisdiction? Yes No

17. Have you or any partner, corporate officer or stockholder owning more than 5% of company stock had a motor fuel license revoked for cause in another state? Yes No
18. Do you or any partner, corporate officer or stockholder owning more than 5% of company stock intend to carry on the business authorized by the license as agent of another? Yes No
19. If you answered yes to any question 14-19, please explain on a separate sheet of paper.

State of _____, County of _____, ss:

I, _____, first being fully sworn, state that the above application, and all statements
Print Name
 contained therein, are true and correct under the penalty of perjury.

 Signature of Owner, Partner, Corporate Officer, or Person Authorized by Attached Power of Attorney Title

Subscribed and sworn to before me, this _____ day of _____ 20____

My commission expires: _____ 20____
Notary Public

INSTRUCTIONS

Line 9 MAKE AND YEAR — This can be abbreviated, as an example, "IHC' 96" or "Chev' 99."

KIND OF VEHICLE — Show whether vehicle is a Truck or Truck-Tractor.

VEHICLE IDENTIFICATION NUMBER (VIN) — On a truck or truck-tractor, give the VIN only. It is not necessary to describe the semi-trailer.

CARRYING CAPACITY — This figure (in gallons) is to be inserted if the cargo carrying capacity of the vehicle is 120 gallons or more, up to and including 3,500 gallons. If vehicle is a truck-tractor, show cargo carrying capacity of towed unit.

- ITEM (13) — **AR 92-3-6.** States marking of vehicles transporting liquid fuels. Each vehicle used in transporting liquid fuel, which is subject to the law pertaining to the transportation of liquid fuel, shall be marked or lettered as follows: (a) The liquid fuel carrier's name and address shall appear in plain letters not less than two inches in height on a sharply contrasting background on each side of the vehicle; (b) The liquid fuel carrier's license certificate number shall appear in plain letters not less than two inches in height on a sharply contrasting background on each side of the vehicle.
- WHO MAY SIGN APPLICATION — Only the Individual Owner; Partner; Corporate Officers; listed on the application or a person who has been duly authorized as Attorney-in-fact by proper Power of Attorney which has been filed in this office; may sign the application.
- VEHICLES SOLD, LEASED, OUT OF SERVICE — When any vehicle which has been licensed is no longer used or has been sold or leased, under a long term lease, to another carrier, the LFCL certificate should be sent in immediately with written instructions for cancellation. If the certificate has been lost, send in letter with vehicle information to request the license be canceled.
- You must report any change in ownership including a change in partners, corporate offices or stockholders owning 5% or more of company stock within 30 days of the change.
- **ENCLOSE FEE OF \$10.00 PER VEHICLE**
- Monthly reports (MF-206) are required to be filed by the 15th of the following month. Forms will be mailed out upon receipt of your certificate (new accounts only). Additional forms can be found @ksrevenue.org

Mail this application and fee to the Kansas Department of Revenue, Customer Relations - Motor Fuel, PO Box 758573, Topeka, KS 66675-8573. If you have any questions please call 785-368-8222 or need another application visit our website www.ksrevenue.org.