KANSAS APPORTIONED REGISTRANT APPLICATION
COMMERCIAL MOTOR VEHICLE OFFICE - MILEAGE SCHEDULE B

Rec
Ent
Bld

License Year	Account Number	Fleet Number	FEIN or SSN
Name of Registrant	DBA Name		
USDOT Number	MC Number	Contact Name	Contact Phone
Phone Number	Physical Address		City
County	Zip	Mailing Address	
Mailing City	Mailing State	Mailing Zip	

Enter all actual miles (if any) your fleet traveled in the previous reporting period. (July 1 thru June 30)

I certify that the information is true and correct: X _____ Date: _____

JURISDICTION	ACTUAL MILEAGE	JURISDICTION	ACTUAL MILEAGE	JURISDICTION	ACTUAL MILEAGE
AL-ALABAMA		MI-MICHIGAN		TN-TENNESSEE	
AR-ARKANSAS		MN-MINNESOTA		TX-TEXAS	
AZ-ARIZONA		MO-MISSOURI		UT-UTAH	
CA-CALIFORNIA		MS-MISSISSIPPI		VA-VIRGINIA	
CO-COLORADO		MT-MONTANA		VT-VERMONT	
CT-CONNECTICUT		NC-NORTH CAROLINA		WA-WASHINGTON	
DC-DIST.COLUMBIA		ND-NORTH DAKOTA		WI-WISCONSIN	
DE-DELAWARE		NE-NEBRASKA		WV-WEST VIRGINIA	
FL-FLORIDA		NH-NEW HAMPSHIRE		WY-WYOMING	
GA-GEORGIA		NJ-NEW JERSEY		AB- ALBERTA	
IA-IOWA		NM-NEW MEXICO		BC-BRIT. COLUMBIA	
ID-IDAHO		NV-NEVADA		MB-MANITOBA	
IL-ILLINOIS		NY-NEW YORK		NB-NEW BRUNSWICK	
IN-INDIANA		OH-OHIO		NF-NEWFOUNDLAND	
KS-KANSAS		OK-OKLAHOMA		NS-NOVA SCOTIA	
KY-KENTUCKY		OR-OREGON		ON-ONTARIO	
LA-LOUISIANA		PA-PENNSYLVANIA		PE-PRINCE ED. IS.	
MA-MASSACHUSETTS		RI-RHODE ISLAND		QC-QUEBEC	
MD-MARYLAND		SC-SOUTH CAROLINA		SK-SASKATCHEWAN	
ME-MAINE		SD-SOUTH DAKOTA			

Cmv – B (7-14)

TOTAL MILES