Kansas CMV Registration

Fleet Vehicle Change Request

CMV Account

Account Name

Contact your local Commercial Motor Vehicle Registration office for filing instructions.

Requestor Name:

Requestor Fax:

Requestor Email:

Phone:

Select One Only:

Plate Number: Unit Number:

Complete VIN: Year / Make:

Jurisdiction	Variant Weight	Jurisdiction	Variant Weight

Jurisdiction	Variant Weight	Jurisdiction	Variant Weight

Enter Details of Request:

The undersigned certifies that the information furnished in this application and any supporting documents are true and correct.

Date Signature Title