

**Kansas Department of Revenue
Manual Title Application**

*Mail or take completed application to the County Treasurer's Motor Vehicle Office.
DO NOT send cash. Checks and money orders accepted.*

Check One:

- Replacement (\$10.00) Add Lien (\$11.50) Replace and Add Lien (\$21.50)
 Remove Lien (\$10.00) Replace and Remove Lien (\$20.00)

If replacing a title, check reason for replacement:

- Lost Mutilated (attach title) Has become Illegible (attach title)

Owner Information:

KS Driver's License #, Kansas ID # or FEIN

Name

IRP/CMV Acct. #

US DOT #

Address

Street Address

City

State

Zip

Phone Number: _____ **Email Address:** _____

Vehicle Information:

VIN: _____ **Year:** _____ **Make:** _____

License Plate Number: _____ **Vehicle is/was titled in the County of:** _____ **KS**

Address to Mail Title (Complete information only if the address above is not where you want your title to be mailed):

Name

Street Address

City

State

Zip

1st Lien Holder Information:

Name _____

Address: _____

Street Address

City

State

Zip

2nd Lien Holder Information:

Name _____

Address: _____

Street Address

City

State

Zip

By my/our signature(s), I/we swear that I/we are the owner(s) of the above listed vehicle, that all liens and encumbrances, if any, are listed and that all information state here in is true, complete and correct. I/we are aware that the law provides severe penalties for making false statement under oath.

Signature(s) of Registered Owner(s):

_____ **Date:** _____

_____ **Date:** _____

** Copy of owner's drivers license
REQUIRED **

Kansas Department of Revenue
Authorization to Receive Title
www.ksrevenue.gov

Please Check Appropriate Box

Individual Authorization:

- Individual authorizing a Dealership
 Individual authorizing at Title Service
 Individual authorizing an Individual

Dealer Authorization

- Dealer authorizing an Individual
 Dealer authorizing a Title Service

Vehicle Information: (Required if a box under Individual Authorization is checked)

_____ Year _____ Make _____ Vehicle Identification Number

Authorizing Agent information:

Name of all Owner(s) as shown on the title: _____

Name of Dealership: _____ **Dealer Number:** _____

Name of Title Service: D&S Thrifty Auto Title Service, LLC **Title Service No.:** 1684

Name of Individual: _____ **Driver's License #:** _____

As the owner of the vehicle, I authorize the above individual, dealership or title service to act as the authorized agent to present a title application, accept delivery of the original or duplicate title and any lien releases for vehicles traded into the dealership.

Signature of Owner(s): _____ **Date:** _____

Printed Name of Owner(s): _____

If the authorized agent is a dealership or title service, it is understood that we are responsible for notifying the division, or any of its agents, if this authorization is revoked or canceled.

Signature Authorized Agent: _____ **Date:** _____

Printed Name of Agent/Individual: _____

Instructions

- Any cross outs, whiteout, or alterations void this form.
- Check the appropriate box and complete ALL information. If any field is left blank/incomplete, the form is void.
- When the authorizing agent is an individual, this form is only valid for the vehicle listed herein.
- This form becomes a supporting document for the application for which it is being executed. The original cannot be returned. Incomplete forms will be kept by the division but will not be valid for that application.
- Only the original of this form is valid. Copies of the completed form will not be accepted.
- All Requirements Subject to Change without Notice. The web site, www.ksrevenue.gov will have the most up to date forms and requirements.