

**KANSAS DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
TOPEKA, KANSAS 66626-0001**

County _____

Tag No. _____

Transaction ID# _____

I, _____, certify that the title to the following vehicle:

Vehicle Year _____ Make _____ Style _____

ID # _____

is being held by _____, an out-of-state

lienholder in _____. I understand that by

signing this document, I am agreeing to the following conditions:

1. After receipt of the out-of-state title, the State of Kansas will send a certified copy to the applicant, who will obtain a vehicle identification number inspection through the local Kansas Highway Patrol and return the completed form (MVE-1), *within 30 days*, to the Kansas Department of Revenue, Titles and Registrations Bureau, Docking State Office Building, Topeka, Kansas 66626-0001.
2. If the inspection is not received by the renewal date on the license plate, the tag *will not be renewed* prior to completion of all requirements.
3. If the titling requirements are not completed in a timely manner, the Kansas Department of Revenue will return the title to the lienholder and issue a pick-up order for the license plate.

Date _____

Applicant Signature

County Treasurer