RESET

KANSAS
DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
www.ksrevenue.org

REQUEST AND CONSENT FOR KANSAS TITLE TO BE ISSUED WITH LIEN

INSTRUCTIONS

- **The Kansas certificate of title will be issued when both the lien holder and titling jurisdiction complete this form and it is received by the Kansas Titles and Registrations Bureau.**
- The lien holder listed on the Kansas title record, and the new titling jurisdiction must complete their portion of this form*.
- The lien holder must consent to a Kansas certificate of title being issued with their lien listed, and surrendered directly to the new titling jurisdiction. The consent must be notarized. Title will not be mailed to the lien holder or owner.
- The new titling jurisdiction must request the Kansas certificate of title be issued and mailed to their office for title and registration purposes.
- Mail or fax the completed form to the Kansas Titles and Registrations Bureau. Please do not fax and mail, just one or the other. *Fax only once*.

Fax to: 785-296-2383 Attn. Print Title w/ Lien ***OR*** **Mail to:** Kansas Department of Revenue; Division of Vehicles, 915 SW Harrison; Topeka, KS 66626-0001 Office (785) 296-3621

* The same information may be provided on the lien holder and titling jurisdiction's letterhead, however, the information must be received in Kansas Titles and Registration at the same time.

NOTE: If the application for Kansas certificate of title has not been completed by the owner, the title cannot be issued until it has been completed. The title cannot be mailed to the lien holder or owner.

VEHICLE INFORMATION

Please Type or Print

VIN | Make | Year | Kansas License Plate No., if available

OWNER's Name(s) _____

Current/Moved to: Address | City | ST | ZIP

Owner's new address must be outside the State of Kansas, in the state the vehicle is going to be titled and registered. *TITLE WILL NOT BE MAILED TO THIS ADDRESS.*

LIEN HOLDER's Name _____, of:

Address | City | ST | ZIP

By the signature affixed, the lien holder listed herein consents and approves the Kansas Titles and Registrations Bureau to issue a Kansas certificate of title showing this lien and mail the Kansas title directly to the new titling jurisdiction requesting same.

Sworn and signed before me: Month_____ Day_____ Year_____

Authorized Agent: _____

Notary Public _____

Commission Expires: _____

MUST BE NOTARIZED. *Place Notary Seal Here.*

SEAL

VEHICLE TITLING AGENCY (DMV) for the State/Country of _____ requests that the State of Kansas issue a certificate of title in the name of the owner(s) listed herein with the lien for the above lien holder and mail same directly to the DMV office shown below:

Name of DMV Office _____ Attn.: _____

Address | City | ST | ZIP

Authorized Associate _____ Name Hand Printed _____ Date _____

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