

KANSAS DEPARTMENT OF TRANSPORTATION

Partial Change of Ownership of Certified Salvage Location

(Do not use this form for Total Change of Ownership, as this requires a New Application)

Location of Site (Address, City, Zip: _____ **SSCC#** _____

Removals: (list the name of the existing Business Partner/Owner **and/or** Landowner to be removed)

Business Partner/Owner:

Landowner:

Additions: (list the name of the new Business Partner/Owner **and/or** Landowner to be added)

Business Partner/Owner

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Landowner (copy of deed required)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

I certify that as proprietor, partner, or corporate officer of the firm named in this application, I have the authority to sign and submit this *original application* and the information contained herein is true and correct.

Signature of Owner/Operator

Date

Failure to complete this Application or giving false and/or misleading information will disqualify this application. If you need further assistance, please call Toll Free 1 (877) 461-6817, Hearing Impaired 711, or email us at signs@ksdot.org. Fax: (785) 296-0009

Return: a) Application
b) Copy of deed for landowner changes

Mailing Address:
Kansas Department of Transportation,
Bureau of Right of Way, Salvage Section
700 SW Harrison Street, 14th Floor
Topeka, Kansas 66603-3745

www.ksdot.org/bureaus/burRow/beaut/