



**CENTRAL PERMITS**

**KTA  
ACCESS**

**(These permits may not be transferred to another owner)**

MAILING ADDRESS	FEES			Start Date	U.S.DOT #
	6- Month - \$5.00	1 Yr - \$10.00			
Central Permits	Phone	785-368-6501	Customer		
Docking State Office Building	Fax	785-296-6558	Address		
915 SW Harrison Room 150			City	_____ State _____ Zip _____	
Topeka, Kansas 66612			Phone	_____ Fax _____	
			Email	_____	

**(Providing an email address will facilitate communicating with holders of annual permits in the event special information needs to be passed on to our customers)**

PAYMENT OPTIONS					CREDIT CARD INFORMATION						
Method	Cash	Check	Escrow	Escrow #	Credit	VISA	Master Card	AMEX	Discover		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MAXIMUM DIMENSIONS AND WEIGHT					CREDIT CARD NUMBER				EXPIRATION		
Maximum Length	As approved by KTA	Axle Weights	GVW	RGVW	KTA Phone Number: 316-682-4537						
Maximum Width	As approved by KTA	LEGAL AT ALL TIMES	120,000 # B. F Compliant								
Maximum Height	As approved by KTA										
VEHICLE INFORMATION											
VIN (Last 5 digits)	VALIDITY		NEW OR RENEWAL		TYPE		UNIT #	YEAR	MAKE	STATE	LICENSE NUMBER
	6-mo <input type="checkbox"/>	1yr <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	TT <input type="checkbox"/>					
	6-mo <input type="checkbox"/>	1yr <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	TT <input type="checkbox"/>					
	6-mo <input type="checkbox"/>	1yr <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	TT <input type="checkbox"/>					
	6-mo <input type="checkbox"/>	1yr <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	TT <input type="checkbox"/>					
	6-mo <input type="checkbox"/>	1yr <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	TT <input type="checkbox"/>					
	6-mo <input type="checkbox"/>	1yr <input type="checkbox"/>	N <input type="checkbox"/>	R <input type="checkbox"/>	T <input type="checkbox"/>	TT <input type="checkbox"/>					