

**MUST BE TYPED**

D.O.T. No. \_\_\_\_\_

Tariff No. \_\_\_\_\_

**TARIFF  
Of**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Motor Common Carrier Service

**Between Points**

**And Places In Kansas  
(As Shown Herein)**

\_\_\_\_\_  
**ISSUE DATE:**

\_\_\_\_\_  
**EFFECTIVE DATE<**

Issued by:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name of Carrier

\_\_\_\_\_  
Street PO Box

\_\_\_\_\_  
City State Zip

Revised 9/18/17

**Item No**

**Subject and Application.....MUST BE TYPED**