

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
	<p data-bbox="776 1927 847 1959">Page 2</p>