

**MUST BE TYPED**

D.O.T. No. 1066399

Tariff No. 2

**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**

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