6. Nature of Indirect

Beneficial Ownership

(Instr. 5)

5.

Ownership

Derivative

Security:

Direct (D)

or Indirect

Form of

4.

Conversion

or Exercise

Derivative

Price of

Security

#### COLLINS INDUSTRIES INC Form 3 June 02, 2005 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

#### (Print or Type Responses)

1. Title of Derivative Security

(Instr. 4)

1. Name and Addre Person <u>*</u> SORENSEN	•	rting	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol COLLINS INDUSTRIES INC [COLL.PK]			
(Last) (I	First)	(Middle)	06/01/2005		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)
15 COMPOUN	D DRIVI	Ξ						`` <b>`</b> `
(Street)					(Check all applicable)		6. Individual or Joint/Group	
HUTCHINSON	I, KSÂ	67502				// 10% 0 // Other /) (specify belo Risk Managen	ow)	Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (S	State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)				2. Amount of Beneficially ( (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	1
Collins Industries, Inc Common Stoc			Stock	5,000		D	Â	
Reminder: Report o owned directly or ir		e line for eac	th class of secu	rities beneficia	ally SI	EC 1473 (7-02)	)	
	informa require	tion conta d to respor	ond to the c ined in this f nd unless the IB control nu	orm are not e form displa	ays a			
Table	e II - Deriv	ative Secur	ities Beneficia	lly Owned (e.,	g., puts, calls,	warrants, opt	ions, co	onvertible securities)

2. Date Exercisable and 3. Title and Amount of

Expiration Title

Securities Underlying

Amount or

Number of

**Derivative Security** 

(Instr. 4)

Expiration Date

Exercisable Date

(Month/Day/Year)

Date

### OMB APPROVAL 3235-0104 Number: January 31, Expires: 2005 Estimated average

burden hours per response... 0.5

Shares

(I) (Instr

### (Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
r g -	Director	10% Owner	Officer	Other		
SORENSEN RON L 15 COMPOUND DRIVE HUTCHINSON, KS 67502	Â	Â	Vice Pres Risk Management	Â		

## Signatures

/s/ Tim Davies, Attorney in Fact for Ron L. Sorensen under a Limited Power of Attorney dated May 27, 2005	06/02/2005
<u>**</u> Signature of Reporting Person	Date

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays

a currently valid OMB number.