Kentucky Transportation Cabinet Department of Vehicle Regulation **Division of Motor Carriers**

**Certificate of Assumed Name for Sole Proprietor**

TC 95‐636 05/2018

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**RETURN TO:**

P.O. Box 2007, Frankfort, KY 40602‐2007

Phone: (502) 564‐4127

<http://transportation.ky.gov/dmc>

If a sole proprietor, file and record this page with the county clerk where you maintain your principal place of business and then enclose the recorded copy with this application.

**Pursuant to the provisions of KRS 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:**

1. The assumed name is:
2. The legal name of the individual adopting the assumed name is:
3. The street address is:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| City |  |  | County |  | State |  | ZIP |  |
| 4. The mailing address is: |  |  |  |  |  |  |  |  |
| City |  |  | County |  | State |  | ZIP |  |

**I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.**

Signature

Print name Date

**THIS SIGNATURE SHALL BE NOTARIZED.**

STATE OF

COUNTY OF

Subscribed and sworn to before me on this the day of 20 .

Notary Public

My commission expires on .

An assumed name shall be effective for a term of five (5) years from the date of filing and may be renewed for successive terms upon filing a renewal certificate within six (6) months prior to the expiration of the term, in the same manner of filing the original certificate of assumed name.