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

**Utility Trailer Authority Renewal**

TC 95‐638 05/2018

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MAIL TO: PO BOX 2007, Frankfort, KY 40602‐2007

Phone: (502) 564‐1257 Fax: (502) 564‐4138

<http://transportation.ky.gov/motor>‐carriers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Renewal Year | 20 | Company No. |  | USDOT No. |  |

Legal name Doing business as Mailing street address City State Zip Phone Fax

Email address *(required)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FEE CALCULATION:** | | | | | | |
| A. | Number of trailers |  | x $10.00 | = | $ | |
| B. | Renewal fee |  | | + | $ | 250.00 |
| Total fees | | | | = | $ | |

Please make all fees payable to “Kentucky State Treasurer”.

Signature required from the Sole Proprietor or an authorized officer or registered agent of the Corporation, Partnership, or Limited Liability Company listed with the Kentucky Secretary of State.

\*I hereby certify that I have complied with the commercial insurance requirements in accordance with KRS 281.655(4).

\*Signature Date

Print name Print title

**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

38 Renewal and

Vehicle Fee

$

(Department Use)