



Kentucky Transportation Cabinet
Division of Motor Carriers
HOUSE MOVING APPLICATION

TC 95-310
08/2012

THIS IS NOT A PERMIT

Today's Date: Person Requesting Permit:

KYU Number: US DOT Number:

Company Name:

Company Address Street Address City State Zip Code

Phone #: Fax #:

Present address of house: Street Address City State Zip Code

Relocation address: Street Address City State Zip Code

Routes:

Loaded Dimensions:

Truck Information:

Length: Year: Make: Unit #:

Width: License #: State of License:

Height: Serial #:

Total # of Axles: Weight and Axle Breakdown by Groups:

Gross Weight: Steer Drive Trailer

Requested move date: # of axles # of axles # of axles

Estimated Duration of Move:

Are you crossing Railroad Tracks? Yes No

District(s) involved in move:

Name & Number of District(s) Contact:

A faxed approval on letterhead from all utility companies is required

Name of utility companies involved: Name & contact # of approving agent:

Electric:

Cable:

Telephone:

Other:

Move Restrictions:

Credit card number: Exp. Date:

Name of Card Holder Signature

REQUIRED

Application may require 5 - 10 working days to process

MAIL TO: P.O. Box 2007, Frankfort, KY 40602-2007
(502) 564-1257 Fax: (502) 564-0992 (8:00 AM - 4:30 PM EST)
Walk-ins 8:00 AM - 4:00 PM

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622