



**APPLICATION FOR U-DRIVE-IT RENEWAL**

Phone: (502)564-1257  
[Drive.ky.gov/](http://Drive.ky.gov/)

**MAIL TO:**  
 Kentucky Transportation Cabinet  
 Division of Motor Carriers  
 PO Box 2004  
 Frankfort, KY 40602-2007

**OVERNIGHT DELIVERIES:**  
 Kentucky Transportation Cabinet  
 Division of Motor Carriers  
 200 Mero Street, 2<sup>nd</sup> floor  
 Frankfort, KY 40622

**ATTACH \$250.00 FILING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER."**  
 Credit Card, Money Order, Certified Check *(no cash by mail)*

**ATTACH A COPY OF YOUR UPDATED INSURANCE DOCUMENT AND SUBMIT WITH THIS RENEWAL.**

THE UNDERSIGNED HEREBY FILES APPLICATION FOR RENEWAL OF THE FOLLOWING KENTUCKY U-DRIVE-IT PERMIT

**SECTION 1: BUSINESS INFORMATION** (Please print)

<b>Permit Number:</b>	<b>FEIN Number:</b>	<b>Type of vehicles:</b> <input type="checkbox"/> Lease / <input type="checkbox"/> Rental / <input type="checkbox"/> Both
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**Applicant Name:**

<b>Mailing Address:</b> <input type="checkbox"/> Check if changed. Address <i>(Street, P.O. Box, etc.)</i>	<b>Physical Address:</b> <input type="checkbox"/> Check if changed. Street Address
Address	Address
City, State, and ZIP Code	City, State, and ZIP Code
Telephone Number <i>(including Area Code)</i>	Telephone Number <i>(including Area Code)</i>
Fax Number <i>(including Area Code)</i>	Fax Number <i>(including Area Code)</i>

E-Mail

**SECTION 2: SIGNATURE & DATE**

**This certificate shall remain in effect until expired by law or revoked by the Transportation Cabinet. KYTC will bill the applicable fees due for each vehicle listed on this permit monthly. This certificate must be renewed on or before January 1 of each calendar year.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only  
 Account Code:  
 44 Application Fee \$ 250.00

**Keep a copy for your records.**