



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