



**Division of Motor Carriers**  
**Affidavit for Passenger Plate Transfer**

## INSTRUCTIONS

This form allows the transfer of passenger authority plates issued by the Division of Motor Carriers for a bus, charter bus, disabled persons vehicle, limousine, or taxicab. You are required to follow these instructions to complete and mail or deliver this form to the Division of Motor Carriers. This form may be returned for the correction of any deficiencies.

### Affidavit

You are required to complete and submit the enclosed [Affidavit for Passenger Plate Transfer](#) form (page 2) and list the required information for the each vehicle. If a Disabled Persons Vehicle, the new vehicle must be in compliance with 49 C.F.R. pt. 38. The signature of the sole proprietor or authorized officer or registered agent of the Corporation, Partnership, or Limited Liability Company listed with the Kentucky Secretary of State is required.

### Commercial Insurance

You must have a Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance on file. The liability insurance for the new vehicle must be based on the insurance limits required for passenger vehicles. Review KRS 281.655 Bonds or insurance policies for detailed information on limits.

### Inspection of Vehicles

You must obtain a motor vehicle inspection for the new vehicle, in compliance with KRS 281.631(5)(c), completed by an automotive service technician certified by the National Institute for Automotive Service Excellence (ASE). The [Passenger Vehicle Inspection](#) (TC 95-630) is available online at [http://transportation.ky.gov/Organizational-Resources/Pages/Forms-Library-\(TC-95\).aspx](http://transportation.ky.gov/Organizational-Resources/Pages/Forms-Library-(TC-95).aspx) and must be kept in your records for at least three (3) years. Do not include a copy.

### Criminal Background Checks

You must obtain a nationwide criminal background check, in compliance with KRS 281.6301, of the owner, official, employee, independent contractor, or agent operating the passenger vehicle. This shall be obtained and retained for a period of at least three years.

### Required Document

You must return the original [Kentucky Fee Receipt Card](#) previously issued by the Division of Motor Carriers for the passenger vehicle that has been sold, transferred, or destroyed. If the original Kentucky Fee Receipt Card is not available, a notarized statement may be accepted.

### Form Assistance

If you have questions about this form, please contact our call center at (502) 564-1257 for the Division of Motor Carriers, Qualifications and Permits Branch or by email at [kytc.passshg@ky.gov](mailto:kytc.passshg@ky.gov).



**Division of Motor Carriers**  
**Affidavit for Passenger Plate Transfer**

**MAIL TO:**

P.O. Box 2007, Frankfort, KY 40602-2007  
Phone: (502) 564-4127  
<http://transportation.ky.gov/dmc>

The Affiant, \_\_\_\_\_  
(Your name)

Being duly sworn deposes as follows: \_\_\_\_\_  
(Company Name)

That on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the following vehicle

Bus / Charter Bus     Disable Persons Vehicle     Limousine     Taxicab    (check one)

Vehicle Identification Number \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Company Unit Number \_\_\_\_\_

bearing License Plate Number \_\_\_\_\_ was  sold,  transferred,  destroyed (check one).

Destroyed reason: \_\_\_\_\_ (Required)

to \_\_\_\_\_

OR WILL NOT BE FURTHER USED by the Affiant or the Affiant's company on the highways of Kentucky during the current license period in a for-hire operation.

The Affiant further states that Plate Number: \_\_\_\_\_  
(Motor Carriers issued plate)

has,  has not (check one) previously been transferred within this calendar year.

\_\_\_\_\_  
*AFFIANT SIGNATURE*

\_\_\_\_\_  
*DATE*

**TRANSFER PLATE TO THE FOLLOWING DESCRIBED VEHICLE:**

YEAR AND MAKE \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

COMPANY UNIT NUMBER \_\_\_\_\_

GROSS WEIGHT OR SEATING CAPACITY \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_