



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
 DIVISION OF MOTOR CARRIERS

TC 95-39
 Rev. 9/2018
 Page 1 of 2

APPLICATION FOR KENTUCKY PASSENGER FEE RECEIPT CARD FOR YEAR _____ Add On Renewal

MAIL TO: PO BOX 2007, Frankfort, KY 40602-2007 Phone: (502) 564-1257 Fax: (502) 564-4138
 Email: KYTC.PASSHHG@KY.GOV
Drive.ky.gov/

BUS CERTIFICATE # _____
 TRANSPORTATION NETWORK COMPANY # _____
 DISABLED VEHICLE CERTIFICATE # _____
 LIMOUSINE CERTIFICATE # _____
 TAXICAB CERTIFICATE # _____

Office Use Only

BUS	Plate Fee	39	_____	Cert	41	\$250.00	<input type="checkbox"/>
TNC	Plate Fee	42	_____	Cert	43	\$250.00	<input type="checkbox"/>
DPV	Plate Fee	42	_____	Cert	43	\$250.00	<input type="checkbox"/>
LIMO	Plate Fee	42	_____	Cert	43	\$250.00	<input type="checkbox"/>
TAXI	Plate Fee	42	_____	Cert	43	\$250.00	<input type="checkbox"/>

SECTION 1: COMPANY INFORMATION

Legal Name:			DBA Name:			
Street:		City:		State:		Zip:
Phone:		Fax:		Email: (required)		

SECTION 2: VEHICLE INFORMATION

	UNIT #	VEHICLE IDENTIFICATION # (Serial #)	MAKE	YEAR	PLATE STATE	PLATE #	FEE PER VEHICLE	SEATING CAPACITY	MC PLATE/DECAL (Office Use Only)	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
TOTAL FEES SUBMITTED							\$			



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SECTION 3: SIGNATURE

Please make all fees payable to KENTUCKY STATE TREASURER.

Signature required from the sole proprietor or the officer or registered agent of the Corporation, Partnership, or Limited Liability Company.

Print Name:

*Signature:

Date:

*I hereby certify under penalty, under the laws of the Commonwealth of Kentucky, that each vehicle has passed a vehicle inspection completed by an automotive service technician certified by the National Institute for Automotive Service Excellence (ASE) Certification and that all national criminal background checks have been obtained for each driver prior to qualifying the vehicle. All inspections and background checks must be kept in your records for three years. If a disabled persons vehicle, I hereby certify the vehicle is equipped for the transportation of passengers with disabilities in accordance with 49 C.F.R. pt. 38.

SECTION 4: NOTARIZATION (required)

STATE OF

COUNTY OF

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20

NOTARY PUBLIC _____ MY COMMISSION EXPIRES _____

FEE PRORATE CHART

	Bus	TNC	DPV	Limousine	Taxicab
January	\$100.00			\$30.00	
February	\$91.67			\$27.50	
March	\$83.33			\$25.00	
April	\$75.00			\$22.50	
May	\$66.67			\$20.00	
June	\$58.33			\$17.50	
July	\$50.00			\$15.00	
August	\$41.67			\$12.50	
September	\$33.33			\$10.00	
October	\$25.00			\$7.50	
November	\$16.67			\$5.00	
December	\$8.33			\$2.50	

THIS FORM MAY BE DUPLICATED FOR FURTHER USE