APPLICATION TO REGISTER A MOTOR VEHICLE UNDER U-DRIVE-IT PROGRAM

DATE:	12/04/15
APPLICATION MONTH:	12
U-DRIVE-IT PERMIT# :	

MAIL TO:
Qualifications and Permits Branch
PO Box 2007, Frankfort KY 40602-2007
Phone: (502) 564-6401
http://transportation.ky.gov/dmc

NOTE: Incomplete or inaccurate applications will be returned.

COMPANY: _____

ADDRESS: _____

_____

_____

_____
INCORPORATION MONTH OR MONTH OF ESTABLISHMENT
(Must be the same month on all applications submitted for the company)

Application is hereby made for a Fee Receipt Card for the following vehicles(s). This application is required for a first time registration or renewal of vehicle license. If this is a first time registration, the application must be accompanied by a clearly legible copy (front and back) of the manufacturer's statement of origin, or registration of the vehicle (front and back). This is a true and correct statement to the best of my knowledge.

YEAR	MAKE	SERIAL NUMBER (all digits)	GROSS WT (truck only)	FIRST (F) or RENEWAL (R)	FEE PER VEHICLE	EXPIRATION MONTH & YEAR	PAYMENT CODE
				Total this page			
				Total Amount to be billed			

Submitted By: _____
(Signature of Applicant)

Telephone Number: _____

The amounts due for applications received will be billed on the Permit Holder's next month's tax return. Payment must be made at that time.