Kentucky Transportation Cabinet  
Division of Motor Carriers  
APPLICATION TO REGISTER A MOTOR VEHICLE UNDER U-DRIVE-IT PROGRAM

DATE: 12/04/15  
APPLICANT 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.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MAKE</th>
<th>SERIAL NUMBER (all digits)</th>
<th>GROSS WT (truck only)</th>
<th>FIRST (F) or RENEWAL (R)</th>
<th>FEE PER VEHICLE</th>
<th>EXPIRATION MONTH &amp; YEAR</th>
<th>PAYMENT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.