KENT	Kentucky Transportation Cabinet Division of Motor Carriers				TC 95-567 05/2018
CABINET KENTUCKY INTRASTATE FOR-HIRE AUTHORITY <u>RENEWAL</u>					
(EXCEPT HOUSEHOLD GOODS AND PASSENGERS)					
MAIL TO: PO Box 2007, Frankfort KY 40602-2007 Phone: (502)564-1257 <u>Drive.ky.gov/</u>					
For Yea	ar: Business Name and Address:				OMPANY NUMBER (S):
				(K) NUMBER:	
				KYU NUMBER:	
				DOT NUMBER:	
				KIT NUMBER:	
]	
TO ENSURE RECEIPT OF THIS AUTHORITY BEFORE THE EXPIRATION OF YOUR CURRENT AUTHORITY, RETURN PRIOR TO NOVEMBER 30.					
	FEES:				
	Number of vehicles X \$10.00 per vehicle				
	The application fee of \$25.00 must also be submitted.	+\$	25.00		
	Total enclosed	= \$			
۶	Make fees payable to Kentucky State Treasurer.				
\mathbf{b}	The company's evidence of insurance (Form E) must Carriers with invalid insurance will not be processed				n good standing.
×	Write corrections to your company name, address ar address changes require a revised insurance form (F			umbers directly	on this form. Name and/or
\blacktriangleright	Future additions to this authority must be submitted Authority form. This form may be obtained from our				
The undersigned hereby files application for the renewal of Kentucky Intrastate For-Hire Authority. This authorization shall remain in effect until expired by law or revoked by the Kentucky Transportation Cabinet. Any vehicles operated under this authority must carry verification of insurance. I certify that I have access to and am familiar with all applicable regulations of the U.S. Department of Transportation relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and I will comply with these regulations:					
*** FAXED COPIES NOT ACCEPTED *** Original form must be mailed					
PRINT NAME AND TITLE					
AUTHO	ORIZED SIGNATURE			DATE	Office Use Only
(TELEP) HONE NUMBER				Account codes:
					31 \$
EMAIL	ADDRESS				33 \$ 25.00
IF YOU NO LONGER NEED THIS AUTHORITY PLEASE CHECK HERE:					