



KENTUCKY TRANSPORTATION CABINET  
Department of Vehicle Regulation  
DIVISION OF MOTOR CARRIERS

TC 95-573  
05/2018  
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## CHANGE OF COMPANY INFORMATION

**MAIL TO:**  
Kentucky Transportation Cabinet  
Division of Motor Carriers  
PO Box 2004,  
Frankfort KY 40602-2004

Phone: (502) 564-1257

Fax: (502) 696-3900

<https://drive.ky.gov>

**NOTE:**

Please read and keep  
the instructions on page 1.

Page 2 must be submitted in  
order to process.

### Application Instructions

#### Online Requests

Update credential information by visiting the designated page at <https://drive.ky.gov>. All changes made using websites managed by Kentucky Transportation Cabinet are immediate.

**Note:** Web filers (tax, permits, IRP etc.) should keep a current e-mail address on file for quarterly reminders and updates.

#### Paper Requests

Type or print legibly and read all information carefully. Form will be returned if any important information is not included or legible.

The information below must match the (FMCSA) Federal Motor Carrier Safety Administration's data or the application will be returned. Incomplete applications will be sent back with an explanation letter.

**Allow 10-14 business days for processing.**

Name change requests will not be processed until the Motor Carrier has updated their USDOT number to reflect the new name. Visit FMCSA.DOT.GOV to update the USDOT number online or obtain the MCS-150 form. If ownership has changed, the Motor Carrier must apply for a new USDOT number. For KIT, IFTA, KYU, and KY For-Hire, the KYTC Division of Motor Carriers will not transfer these licenses to a new USDOT number.

Web filers (tax, permits, IRP etc.) should keep a current e-mail address on file for quarterly reminders and updates. If using overnight delivery services, send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622.



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### CHANGE OF COMPANY INFORMATION

Company/Legal Name:

D/B/A Name:

USDOT#

\*KY IRP#

KIT#

KYU#

KY IFTA#

KY Intrastate For-Hire (K)#

Previous FEIN#

New FEIN# (If Applicable)

PREVIOUS LEGAL NAME

NEW LEGAL NAME

PREVIOUS D/B/A NAME

NEW D/B/A NAME

PHYSICAL ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS

CITY

STATE

ZIP

PHONE

FAX

CONTACT PERSON

EMAIL ADDRESS

I, the sole proprietor or authorized officer or registered agent, on behalf of the applicant, do hereby certify that all information included in the application is correct.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\* KY IRP physical address change: Submit 3 proofs of your new physical address to the IRP Section.**

**Official Use Only**  
Initial and Pass to next section

Tax Branch \_\_\_\_\_

Credentials \_\_\_\_\_

IRP \_\_\_\_\_