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|  | KENTUCKY TRANSPORTATION CABINET  Department of Vehicle Regulation  **DIVISION OF MOTOR CARRIERS** | | TC 95-591  Rev. 05/2018  Page 1 of 2 |
|  | **HOUSEHOLD GOODS CERTIFICATE**  **KENTUCKY INTRASTATE QUALIFICATION APPLICATION** | |  |
| **Mail to:**  Kentucky Transportation Cabinet Division of Motor Carriers  PO Box 2007  Frankfort, KY 40602-2007 | | | **Overnight Deliveries:** 200 Mero Street, 2nd floor Frankfort, KY 40622  Phone: (502)564-1257  Drive.Ky.Gov | |
| **SECTION 1: REQUIREMENTS AND INSTRUCTIONS** | | | | |
| Your company shall not operate pursuant to your household goods certificate until the applicable statutory requirements to qualify a certificate are successfully met and you have received written confirmation and authorization from the office of the Division of Motor Carriers to operate. You and your insurance carrier must submit the following information and forms to the Division of Motor Carriers in order to qualify your certificate and vehicles:   1. Complete and sign **TC 95-591 *Household Goods Certificate Kentucky Intrastate Qualification Application.*** 2. Have your insurance carrier authorized to transact business in Kentucky to file directly with the Division of Motor Carriers a **Form E, *Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance*,** and a **Form H, *Uniform Motor Carrier Cargo Certificate of Insurance*.** The original **Form E** and **Form H** may **only** be submitted by your insurance carrier by mail directly to the Division of Motor Carriers or through the Motor Carrier Information Exchange (NOR) website. **Faxed copies of either form shall not be accepted.** If you have any questions regarding how to file the **Form E** and **Form H** please contact your insurance company. 3. A copy of a Proof of Insurance card for **each** motor carrier vehicle to be qualified. 4. If the company does not own the vehicle(s), complete the **TC 95-15 *Certificate of Motor Carrier Equipment Lease,*** signed by the lessor and lessee. 5. A copy of your company’s current year XRS-3 if your company has Kentucky Intrastate For-Hire Authority to transport freight other than household goods. You will need Kentucky Intrastate For- Hire Authority if you intend to move office furniture. 6. A copy of your company’s current year Unified Carrier Registration (UCR) receipt if your company has complied with UCR for the transportation of freight in interstate commerce. 7. Vehicle qualification fee: $10.00 per vehicle.   All forms other than the insurance forms may be found online at:  [**http://transportation.ky.gov/Motor-Carriers/Pages/Forms-and-Applications.aspx**](http://transportation.ky.gov/Motor-Carriers/Pages/Forms-and-Applications.aspx)  If you have any questions, please contact the Division of Motor Carriers at [**kytc.passhhg@ky.gov**](mailto:kytc.passhhg@ky.gov)or call  **(502) 564-1257** and ask for the Division of Motor Carriers, Qualification and Permits Branch. | | | | |

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|  | **HOUSEHOLD GOODS CERTIFICATE**  **KENTUCKY INTRASTATE QUALIFICATION APPLICATION** | | | | |  | |
| **SECTION 2: APPLICANT INFORMATION** | | | | | | | | |
| **USDOT #** *(Required)* | | | **CERTIFICATE #** | | | | | |
| **SITUS** | | | | | | | | |
| **LEGAL NAME** | | | | | | | | |
| **DOING BUSINESS AS** | | | | | | | | |
| **BUSINESS ADDRESS** | | | | | | | | |
| **CITY** | | | | | | **STATE** | | **ZIP CODE** |
| **PHONE** *(Required)* | | | | **FAX** | | | | |
| **CONTACT PERSON** | | | | **EMAIL** | | | | |
| **SECTION 3: FEES** | | | | | | | | |
| If your company has Kentucky Intrastate For-Hire to transport freight or Unified Carrier Registration to transport freight, you may submit the current year XRS-3 form or UCR receipt in lieu of the $10 per vehicle fee.  **Per Vehicle Fee:** X $10.00 = $ 0.00 Total | | | | | | | | |
| **SECTION 4: SIGNATURE** | | | | | | | | |
| **PRINT NAME** | | | | | **TITLE** | | | |
| **SIGNATURE** *(Applicant)* | | | | | | **DATE** | | |
| **Please make all fees payable to Kentucky State Treasurer.**  Office Use Only  61 Vehicle Fee: 0.00 | | | | | | | | |