Kentucky Transportation Cabinet  
Department of Vehicle Regulation  
Division of Motor Carriers  
Charter Bus and Bus Authority Renewal  

Drive.ky.gov  
MAIL TO: PO BOX 2007, Frankfort, KY 40602-2007  
Phone: (502) 564-1257 | Fax: (502) 564-4138  
Email: KYTC.PASSHHG@KY.GOV

<table>
<thead>
<tr>
<th>Renewal Year</th>
<th>Company No.</th>
<th>Certificate No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legal Name ________________________________  
Doing Business As ________________________________  

Physical Address ________________________________  
City ___________________ State ______ ZIP ______________

Phone ___________________ Fax ___________________  

Email address (required) ________________________________  

**FEE CALCULATION:**

<table>
<thead>
<tr>
<th>A.</th>
<th>Number of vehicles x $100.00</th>
<th>B.</th>
<th>Renewal fee + $250.00</th>
<th>C.</th>
<th>Prepaid balance credit - $</th>
<th>Total fees = $</th>
</tr>
</thead>
</table>

Please make all fees payable to “Kentucky State Treasurer”.  
Signature required from the Sole Proprietor or an authorized officer or registered agent of the Corporation, Partnership, or Limited Liability Company listed with the Kentucky Secretary of State.  
*I hereby certify that each vehicle has passed a vehicle inspection completed by an automotive service technician certified by the National Institute for Automotive Service Excellence (ASE) Certification and that all national background checks have been obtained for each driver prior to qualifying each vehicle. All inspections and background checks must be kept in your records for three years.  
*I hereby certify that I have complied with the commercial insurance requirements in accordance with KRS 281.655.

*Signature ________________________________ Date ________________________________  
Print Name ________________________________ Print Title ________________________________  

**THIS SIGNATURE SHALL BE NOTARIZED.**  

STATE OF ________________________________  
COUNTY OF ________________________________  
Subscribed and sworn to before me on this the _______ day of ________________________________ 20 _______.  
Notary Public ________________________________ My commission expires on ________________________________