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>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Number of vehicles</td>
<td>x $100.00</td>
</tr>
<tr>
<td>B. Renewal fee</td>
<td>+ $ 250.00</td>
</tr>
<tr>
<td>C. Prepaid balance</td>
<td>- $</td>
</tr>
<tr>
<td><strong>Total fees</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</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 __________________________

| 39 Vehicle Fee | $ | 41 Renewal Fee | $ 250.00 |

(Department Use)