



**Division of Motor Carriers**  
**Charter Bus and Bus Authority Renewal**

[Drive.ky.gov/](http://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

Renewal Year	20__	Company No.	Certificate No.
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Legal Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address (required)

FEE CALCULATION:			
A.	Number of vehicles	x \$100.00	= \$
B.	Renewal fee		+ \$ 250.00
C.	Prepaid balance credit		- \$
<b>Total fees = \$</b>			

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)