

## Kentucky Transportation Cabinet Department of Vehicle Regulation Division of Motor Carriers

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## Motor Carrier Passenger Certificate, Vehicle Qualification and Renewal Application

MAIL TO: PO BOX 2007, Frankfort, KY 40602-2007 Phone: (502) 564-1257 Fax: (502) 564-4138

Walk-ins: 8:00 am – 4:00 pm EST

http://transportation.ky.gov/motor-carriers

Renewal Yea	ar 20		Company No.		Certif	icate No.	
Legal name							
Doing business as							
Mailing street address							
City State						Zip	
Phone Fax							
Email address (required)							
Fee calculation:							
	Number of vehicles		x \$30.00		x \$30.00	= \$	
	Renewal fee				+ \$ 250	0.00	
C.	Prepaid balance	credit				- \$	
Total fees = \$							
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.							
* If DPV, I hereby certify that each vehicle is equipped for the transportation of passengers with disabilities in accordance with 49 C.F.R. pt. 38.							
*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							
42 Vehicle	Fee \$ 250.00						

(Department Use)