



Kentucky Transportation Cabinet
 Department of Vehicle Regulation
 Division of Motor Carriers

**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 Year	20_____	Company No.	_____	Certificate No.	_____
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Legal name _____

Doing business as _____

Mailing street address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email address (required)

Fee calculation:

A.	Number of vehicles	x \$30.00	= \$	
B.	Renewal fee		+ \$	250.00
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	\$
43	Renewal Fee	\$ 250.00

(Department Use)