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

<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

Mailing street address

City ___________________________ State _______ Zip _______________________

Phone __________________________ Fax __________________________

Email address (required) __________________________

Fee calculation:

<table>
<thead>
<tr>
<th>A. Number of vehicles</th>
<th>x $30.00</th>
<th>= $</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Renewal fee</td>
<td>+ $ 250.00</td>
<td></td>
</tr>
<tr>
<td>C. Prepaid balance credit</td>
<td>- $</td>
<td></td>
</tr>
</tbody>
</table>

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.

*I 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)