



Kentucky Transportation Cabinet Department of Vehicle Regulation Division of Motor Carriers Utility Trailer Authority Application

MAIL TO: PO BOX 2007, Frankfort, KY 40602-2007 Phone: (502) 564-1257 Fax: (502) 564-4138 <u>Drive.Ky.Gov</u>

Application for New Authority or Additional Trailers

This form contains documents required for applications for Utility Trailer authority and for additional trailers under an existing authority. The following sections are contained in this application form:

Application Index

Section 1. Application Instructions

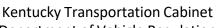
Pages 2-3

Section 2. Certificate of Assumed Name for Sole Proprietor Only Page 4 (Complete, record, and return only if the applicant is a sole proprietor)

Section 3. Authority Application

Page 5

For your security, authority and vehicle credentials will be mailed by regular mail to your address on file with the Department of Vehicle Regulation unless the credential may be delivered in person to either a Sole Proprietor or an authorized officer or registered agent of the Corporation, Partnership, or Limited Liability Company listed with the Kentucky Secretary of State whose identity can be verified. You may request overnight or other expedited mail delivery by submitting a prepaid envelope addressed to the mailing address on file for the carrier.





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Section 1. Application Instructions

To Apply for Utility Trailer Authority

Utility Trailer means any trailer or semitrailer designed for use with and towed behind a passenger motor vehicle. The utility trailer lessor is engaged in the business of leasing or renting utility trailers, but shall not include the agents of such persons.

You are required to follow these instructions to complete and mail or deliver this application form including the Authority Application (Section 2) and enclose the required fees to the Transportation Cabinet, Department of Vehicle Regulation, Division of Motor Carriers, Qualifications and Permits Branch, at 200 Mero Street, Frankfort, KY 40622. Your application may be returned for the correction of any deficiencies.

Enclose a Check or Money Order

You must enclose one check or money order made payable to the "Kentucky State Treasurer" in the amount of the \$250 application fee plus the per motor carrier vehicle fee of \$10. (\$250 application fee) + (number of trailers______X per vehicle fee of \$10 \$) = total fees \$.

Register your Business or Business Name

Business Organizations Must Register with the Kentucky Secretary of State

If you are a business organization that is required to be registered with the Kentucky Secretary of State in order to do business in Kentucky, you shall complete your registration as a domestic or foreign business organization prior to submitting this application. If you have any questions regarding the registration process please contact your attorney or the office of the Kentucky Secretary of State.

Sole Proprietors Must File a Certificate of Assumed Name with the County Clerk

If you are operating your business as a sole proprietor you are not required to and may not register your business name directly with the Kentucky Secretary of State, but you are required to file a certificate of assumed name with the county clerk where you maintain your principal place of business. Complete and record the enclosed Certificate of Assumed Name for Sole Proprietor (Section 3) then enclose the recorded copy with this application.



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Section 1. Application Instructions

Commercial Insurance

You are required to have an insurance carrier authorized to transact business in Kentucky file a Form E, *Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance* directly with the Division of Motor Carriers prior to submitting this application. The Form E must be an original and may only be filed by your insurance carrier by mail directly to the Division of Motor Carriers or through the Motor Carrier Information Exchange (NOR) website. Faxed copies shall not be accepted. If you have questions regarding how to submit the form please contact your insurance company. The minimum amounts of insurance to be carried must be in compliance with KRS 281.655(4).

Qualification of Trailers

You must qualify each trailer to be operated pursuant to a grant of authority before it may be lawfully operated under that authority. You must complete and submit the enclosed Authority Application (Section 2) for the number of trailers required to operate as a utility trailer lessor.

Applying to Qualify Additional Trailers under an Existing Authority

You may use this application form to qualify additional trailers as an amendment to an existing authority. If using this application to request the authority to qualify additional trailers you shall again submit the Authority Application (Section 3) and enclose a check or money order made payable to the "Kentucky State Treasurer" in an amount equal to \$10 per qualified trailer fee. The \$250 application fee is not required to apply for additional trailers.

Authority and Qualified Vehicle Credentials

For your security, if the Department of Vehicle Regulation approves your application for new authority or for additional qualified trailers, the authority and vehicle credentials issued by the department will be mailed by first class mail to your mailing address on file with the department. Alternatively, the credentials may be delivered in person to either a Sole Proprietor or an authorized officer or registered agent of the Corporation, Partnership, or Limited Liability Company listed with the Kentucky Secretary of State whose identity can be verified. You may request overnight or other expedited mail delivery by submitting with this application a corresponding prepaid envelope addressed to your mailing address on file.

Application Process Assistance

If you have questions about this application form or the application process, please contact the Department of Vehicle Regulation, Division of Motor Carriers, Qualifications and Permits Branch, by phone at (502) 564-1257 or by email at kytc.passhhg@ky.gov.





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Section 2. Certificate of Assumed Name for Sole Proprietor

(Complete, record, and return only if the applicant is a sole proprietor.)

If the applicant is a sole proprietor, file and record this page with the county clerk where you maintain your principal place of business and then enclose the recorded copy with this application.

Pursuant to the provisions of KRS 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:						
2. The legal name of the individ	ual adopting the assumed nar	ne is:				
3. The street address is:						
City	County		State	ZIP _		
4. The mailing address is:						
City	County		State	ZIP		
I declare under penalty of per	jury under the laws of Kentu	cky that the fo	regoing is t	rue and co	rrect.	
Signature						
Print name		Date	-			
THIS SIGNATURE SHALL BE NOTARIZED.						
STATE OF						
COUNTY OF						
Subscribed and sworn to before n	ne on this theday of		-		20 .	
	Notary Public					
My commission expires on						

An assumed name shall be effective for a term of five (5) years from the date of filing and may be renewed for successive terms upon filing a renewal certificate within six (6) months prior to the expiration of the term, in the same manner of filing the original certificate of assumed name.



Kentucky Transportation Cabinet Department of Vehicle Regulation

Division of Motor Carriers Utility Trailer Authority Application

Section 3. Authority app	nlication				
Section 3. Additiontly app	Jiicacion				
		Qualification year	20		
New authority	onal vehicles	Company no.			
Legal			name		
Legai		Г	oing busine		
as					
Mailing street			address		
		0	ity		
County			ate Zip		
Phone	Fax				
Email address (required)					
Number of trailers					
Per trailer fee	X \$10.0	0			
Application fee	+ \$250.	00 (New	authority only)		
Total fees					
I, the sole proprietor, or authorized of that I have read and understood the instructions.					
Signature	Date				
Print name	Print title				

38 Application and Vehicle Fee

(Department use)