



Kentucky Transportation Cabinet
Department of Vehicle Regulation

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Page 1 of 5

Division of Motor Carriers
Utility Trailer Authority Application

MAIL TO: PO BOX 2007, Frankfort, KY 40602-2007
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Drive.Ky.Gov

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.



Division of Motor Carriers
Utility Trailer Authority Application

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.

Division of Motor Carriers
Utility Trailer Authority Application

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.passhghg@ky.gov.



Division of Motor Carriers
Utility Trailer Authority Application

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 individual adopting the assumed name is:

3. The street address is: _____

City _____ County _____ State _____ ZIP _____

4. The mailing address is: _____

City _____ County _____ State _____ ZIP _____

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Signature _____

Print name _____ Date _____

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 _____ .

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.



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Utility Trailer Authority Application

Section 3. Authority application

New authority <input type="checkbox"/>		Or additional vehicles <input type="checkbox"/>		Qualification year	20__
				Company no.	

Legal name _____ Doing business as _____

Mailing street address _____ City _____

County _____ State _____ Zip _____

Phone _____ Fax _____

Email address (required) _____

Number of trailers		
Per trailer fee	X \$10.00	
Application fee	+ \$250.00	(New authority only)
Total fees		

I, the sole proprietor, or authorized officer or registered agent on behalf of the applicant, do hereby certify that I have read and understood the commercial insurance requirements on page 3 of the application instructions.

Signature _____ Date _____

Print name _____ Print title _____

38 Application and Vehicle Fee	
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(Department use)