



Kentucky Transportation Cabinet
Department of Vehicle Regulation
Division of Motor Carriers

Certificate of Assumed Name for Sole Proprietor

RETURN TO:

P.O. Box 2007, Frankfort, KY 40602-2007

Phone: (502) 564-4127

<http://transportation.ky.gov/dmc>

If 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.