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

MAIL TO: PO BOX 2007, Frankfort, KY 40602-2007  
Phone: (502) 564-1257 Fax: (502) 564-4138  
http://transportation.ky.gov/motor-carriers

Renewal Year [20____]  
Company No.  
USDOT No.  

Legal  
name __  
__________________________ Doing business  
as ____________________________  
Mailing street  
__________________________ City ____________________________  
__________________________ State __ Zip ________ Phone ____________________________  
Fax ________  

Email address (required) ____________________________  

FEE CALCULATION:

A. Number of trailers x $10.00 = $  
B. Renewal fee + $ 250.00  
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 I have complied with the commercial insurance requirements in accordance with KRS 281.655(4).  

*Signature ____________________________ Date ____________________________  
Print name ____________________________ Print title ____________________________  

STATE OF ____________________________  
COUNTY OF ____________________________  
Subscribed and sworn to before me on this the _____ day of ____________________________ 20 _____ .  
Notary Public ____________________________ My commission expires on ____________________________  

38 Renewal and Vehicle Fee $ 
(Department Use)