# Utility Trailer Authority Renewal

**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

<table>
<thead>
<tr>
<th>Renewal Year</th>
<th>Company No.</th>
<th>USDOT No.</th>
</tr>
</thead>
</table>

Legal name: ___________________________  
Doing business as: ________________________________

Mailing street: ___________________________  
City: ___________________________  
State: _______  Zip: ____  Phone: _______  Fax: _______

Email address (required): ___________________________

## FEE CALCULATION:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Number of trailers</td>
<td>(x $10.00)</td>
</tr>
<tr>
<td>B. Renewal fee</td>
<td>+ ($250.00)</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 I have complied with the commercial insurance requirements in accordance with KRS 281.655(4).

*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 __________________________

<table>
<thead>
<tr>
<th>38</th>
<th>Renewal and Vehicle Fee</th>
<th>($)</th>
</tr>
</thead>
</table>

(Department Use)