



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.	_____
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Legal _____ name _____
 _____ Doing _____ business
 as _____
 Mailing street _____ address _____
 _____ 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 _____

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 _____

38	Renewal and Vehicle Fee	\$	
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(Department Use)