



Division of Motor Carriers

**RENEWAL APPLICATION FOR LICENSE TO OPERATE
MUNICIPAL SOLID WASTE TRANSPORTATION VEHICLE(S)**

Drive.ky.gov/

MAIL TO: PO BOX 2007, Frankfort, KY 40602-2007

Phone: (502) 564-1257 | Fax: (502) 564-4138

Email: QP.DMC@KY.GOV

Renewal Year	20_____	License No.	_____	USDOT No.	_____
--------------	---------	-------------	-------	-----------	-------

Legal name _____

Doing business as _____

Mailing street address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email address (required)

Fee calculation:

A.	Number of new and existing vehicles renewing	_____	x \$10.00	= \$	_____
B.	Additional Vehicles for current Years	_____	Prorated Fee	+ \$	_____
C.	Prepaid balance credit	_____		- \$	_____
				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.

*I hereby certify that I have access to and am familiar with all application regulations of Kentucky Transportation Cabinet, Department of Vehicle regulation relating to the safety operation of commercial vehicles and the safe transportation of hazardous materials, and I will comply with these regulations.

*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 _____