



KENTUCKY TRANSPORTATION CABINET  
 Department of Vehicle Regulation  
**DIVISION OF MOTOR CARRIERS**

TC 95-16  
 Rev. 6/2017  
 Page 1 of 2

**APPLICATION FOR U-DRIVE-IT**

[Drive.ky.gov/](http://Drive.ky.gov/)

**INSTRUCTIONS:** A two-hundred fifty (250) dollar filing fee made payable to the Kentucky State Treasurer must be included with the completed application. Also include with the application the prescribed public liability and property damage insurance required by KRS 281.615.

**MAIL TO:**  
 Division of Motor Carriers  
 U-Drive-It Section  
 PO Box 2004, Frankfort, KY 40602-2004

**SECTION 1: APPLICANT INFORMATION**

<b>NAME</b>		<b>FEIN</b>	
<b>ADDRESS (street)</b>		<b>CITY</b>	<b>STATE</b>   <b>ZIP</b>
<b>PHONE</b>	<b>EMAIL</b>		

**SECTION 2: BUSINESS INFORMATION**

1. If the business is a **corporation**, give the state of incorporation, principal address, and agent name and address for Kentucky process. If the applicant is a non-resident and incorporated in another state, **attach** a current copy of the certificate of good standing from the state of incorporation and the certificate to do business in Kentucky. If the business is a foreign corporation, please attach the certificate from the Secretary of State's office authorizing the corporation to do business in Kentucky as a foreign corporation.

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If the business is a **partnership**, provide the names and addresses of partners and their respective interest.

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If the applicant is a **non-resident**, give names and addresses of partners and their respective interest.

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2. Please file with this application the prescribed public liability and property damage insurance required by KRS 281.615.

3. In what month was the corporation established? \_\_\_\_\_ \*

**\*This month shall be used as the established month for licensing all vehicles under this permit.**

4. Provide the Motor Vehicle Leasing Dealer number assigned by the Motor Vehicle Dealer Commission.

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**SECTION 2: BUSINESS INFORMATION (cont.)**

5. Has the applicant ever been denied authority by the Transportation Cabinet, or has any official or corporate officer been cited by the cabinet for violations of the law or applicable regulations, or convicted of a felony?

Yes     No    If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

6. The following information shall be submitted in a written affidavit:

- A description of the applicant’s facility and type of equipment proposed to be rented or leased;
- A recent financial statement for the applicant;
- A brief history of the applicant’s current business, including the date of formation, prior experience, etc.

7. Will your vehicles be  leased,  rented, or  both?

**SECTION 3: APPLICANT OFFICIAL CERTIFICATION & SIGNATURE**

I, the undersigned official of the above individual, partnership, or corporation, after being duly sworn, state that the information is true and correct to the best of my knowledge and belief.

In addition, I certify that all vehicles registered under U-Drive-It operation proposed in this application be offered to the general public for lease or rent. I certify that each transaction is arms-length and is based on a fair rental or lease value of the vehicle. I further certify that I have access to and am familiar with all statutes and regulations applicable to the proposed U-Drive-It permit for which I am applying.

**SIGNATURE** *(applicant official)*

**DATE**

**SECTION 4: NOTARIZATION (required)**

<b>State of</b>	
<b>County of</b>	

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Notary Public** \_\_\_\_\_ **My commission expires** \_\_\_\_\_.

Upon receipt of correct documents and information,  
completion of the UDI permit will be completed within 10-15 business days.

Thank you for requesting an application for a U Drive It Permit. Included in this packet is your application as well as a sample of the insurance requirement. Please be sure to follow the instructions on the application to expedite your request. Failure to produce the proper documents listed will result in a delay in processing your request.

Here is a mini checklist to help make sure you have everything you will need.

1. Original application completely filled out.
2. Certificate of Good Standing from your state (if out of KY)
3. Certificate of Authorization for KY (if out of KY, [www.sos.ky.gov](http://www.sos.ky.gov))
4. Insurance Document (Uniform Motor Carrier Bodily Injury & Property Damage Liability Certificate of Insurance) must be the original form. **(sample copy attached)** No other insurance documents are accepted. **The form is obtained from an insurance company, we do not nor can we obtain the form for you. Or Ins. Co. can use this link:** <https://www.mcinfo.org/nor/user;jsessionid=CF59B9A9153DF0591DA4EDC6DADEDBED>
5. Affidavit for #6 on the application (please include to whom you will be leasing. i.e. general public) must also be notarized. It must say Affidavit at the top, and be notarized at the bottom.
6. Financial Statement
7. Contact info such as email with name so we can contact you with any questions
8. Please make sure to tell us your FEIN #, and whether you are leasing or renting vehicles or both.
9. \$250.00 checks made payable to KY State Treasurer.

Every document must have the same company name that is applying for the permit. If you have any questions about the application process, please feel free to contact us by phone at 502-564-1257 or by email [udi.dmc@ky.gov](mailto:udi.dmc@ky.gov).

Sincerely,

UDI Program Coordinator

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UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

TC 95-211  
Rev. 4/88

(Executed in Triplicate)

Filed with Kentucky Transportation Cabinet, Division of Motor Carriers (hereinafter called Commission) KYU # \_\_\_\_\_  
(Name of Commission) (Ky. Highway Use No.)

This is to certify, that the \_\_\_\_\_  
(Name of Insurance Company)

(hereinafter called Company) of \_\_\_\_\_  
(Home Office Address of Insurance Company)

has issued to \_\_\_\_\_  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from \_\_\_\_\_ A.M. standard time at the address of the insured stated in said  
policy or policies and continuing until cancelled as provided herein, by attachment of the Uniform Motor Carrier Bodily Injury and Property  
Damage Liability Insurance Endorsement, has or have been licensed under the provisions of the motor carrier law of the State in which the Commission has  
jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.  
This certificate and the endorsement described herein may not be cancelled, unless the Company gives the Commission notice in writing, said  
cancellation to be effective 15 days after such notice is received by the Commission.

Countersigned at \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_  
Insurance Company File No. \_\_\_\_\_ (Policy Number) \_\_\_\_\_  
Authorized Company Representative

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