



Kentucky Transportation Cabinet  
Department of Vehicle Regulation  
Division of Motor Carriers  
**Charter Bus Authority Application**

TC 95-308  
05/2018  
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[Drive.ky.gov/](http://Drive.ky.gov/)

**Application for**  
**New Authority or Authority for Additional Vehicles**

This form contains documents required for applications for intrastate Charter Bus motor carrier authority and for applications for additional qualified vehicles under an existing authority. The following sections are contained in this application form:

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For your security, authority and vehicle credentials will be mailed by regular mail to your address on file with the Department of Vehicle Regulation unless the credential may be delivered in person to either a Sole Proprietor or an authorized officer or registered agent of the Corporation, Partnership, or Limited Liability Company listed with the Kentucky Secretary of State whose identity can be verified. You may request overnight or other expedited mail delivery by submitting a prepaid envelope addressed to the mailing address on file for the carrier.



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## Section 1. Application Instructions

### To Apply for Charter Bus Authority

**Charter Bus** means a motor vehicle operating under a charter bus certificate providing for-hire intrastate transportation of a group of persons who, pursuant to a common purpose under a single contract at a fixed charge for the motor vehicle, have acquired the exclusive use of the motor vehicle to travel together under an itinerary either specified in advance or modified after having left the place of origin.

You are required to follow these instructions to complete and mail or deliver this application form including the [Authority Application](#) (Section 2) and enclose the required fees to the Transportation Cabinet, Department of Vehicle Regulation, Division of Motor Carriers, Qualifications and Permits Branch, at 200 Mero Street, Frankfort, KY 40622. Your application may be returned for the correction of any deficiencies.

### Enclose a Check or Money Order

You must enclose one check or money order made payable to the “Kentucky State Treasurer” in the amount of the \$250 application fee plus the per qualified vehicle fee of \$100 prorated for the month the vehicle is first authorized for service (See chart in Section 5, page 8).  $(\$250 \text{ application fee}) + (\text{number of vehicles} \times \text{per vehicle fee of } \$100 \text{ prorated for the month of service } \$ \quad ) = \text{total fees } \$ \quad .$

### Register your Business or Business Name

#### Business Organizations Must Register with the Kentucky Secretary of State

If you are a business organization that is required to be registered with the Kentucky Secretary of State in order to do business in Kentucky, you shall complete your registration as a domestic or foreign business organization prior to submitting this application. If you have any questions regarding the registration process please contact your attorney or the office of the Kentucky Secretary of State.

#### Sole Proprietors Must File a Certificate of Assumed Name with the County Clerk

If you are operating your business as a sole proprietor you are not required to and may not register your business name directly with the Kentucky Secretary of State, but you are required to file a certificate of assumed name with the county clerk where you maintain your principal place of business. Complete and record the enclosed [Certificate of Assumed Name for Sole Proprietor](#) (Section 3) then enclose the recorded copy with this application.

## Section 1. Application Instructions

### Commercial Insurance

You are required to have an insurance carrier authorized to transact business in Kentucky file a [Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance](#) directly with the Division of Motor Carriers prior to submitting this application. The [Form E](#) must be an original and may only be filed by your insurance carrier by mail directly to the Division of Motor Carriers or through the [Motor Carrier Information Exchange \(NOR\)](#) website. Faxed copies shall not be accepted. If you have questions regarding how to submit the form please contact your insurance company.

The minimum amount of liability insurance for a passenger vehicle with [7 regular seats or less](#) shall be one hundred thousand dollars (\$100,000) for death and personal injury to one (1) person, three hundred thousand dollars (\$300,000) for death and personal injury resulting from one (1) incident, and fifty thousand dollars (\$50,000) for property damage. The minimum amount of liability insurance for a passenger vehicle with [8 regular seats or more](#) shall be one hundred thousand dollars (\$100,000) for death and personal injury to one (1) person, six hundred thousand dollars (\$600,000) for death and personal injury resulting from one (1) incident, and fifty thousand dollars (\$50,000) for property damage.

### Qualification of Vehicles

You are required to initially qualify at least one Charter Bus vehicle with the Division of Motor Carriers in connection with this application. Vehicles 10,001 lbs. or greater or transport more than 8 passengers (including the driver) for compensation, require a USDOT number. You may visit <http://www.fmcsa.dot.gov/> to obtain a USDOT number. Buses must obtain a title only receipt from the County Clerk and limousines must obtain a vehicle registration from the County Clerk. You must qualify each vehicle to be operated pursuant to a grant of authority before it may be lawfully operated under that authority. You must complete and submit the enclosed [Vehicle Qualification](#) form (Section 5) listing required information for each vehicle to be qualified. You may make additional copies of the blank form on page 9 and submit as many completed qualification forms as may be necessary to list each vehicle you intend to qualify. You may qualify additional vehicles under an existing authority at any time by completing and resubmitting this application form for an amendment to an existing authority. See page 4 for additional qualification information of additional vehicles under an existing authority.

### Inspection of Vehicles

You must have an automotive service technician certified by the National Institute for Automotive Service Excellence (ASE) to annually inspect each vehicle to be qualified and complete the enclosed [Vehicle Inspection](#) form (Section 4) annually for each vehicle. Do not include a copy of a completed vehicle inspection form with this application or otherwise submit a vehicle inspection form to the department. You are required to maintain each vehicle inspection form in your records for three years from the date of inspection.

## Section 1. Application Instructions

### Criminal Background Checks

You are required to obtain a nationwide criminal background check, in compliance with KRS 281.6301, of each owner, official, employee, independent contractor, or agent operating a passenger vehicle. The background check shall be obtained and retained for a period of at least three years.

### Applying to Qualify Additional Vehicles under an Existing Authority

You may use this application form to apply to qualify additional vehicles as an amendment to an existing authority. If using this application to request the authority to qualify additional vehicles and drivers you shall submit only the [Authority Application](#) (Section 2), the [Vehicle Qualification](#) form (Section 5), listing information for each additional vehicle, and enclose a check or money order made payable to the “Kentucky State Treasurer” in an amount equal to the prorated \$100 per qualified vehicle fee (See chart in Section 5, page 8). The \$250 application fee is not required to apply for additional vehicles.

### Authority and Qualified Vehicle Credentials

For your security, if the Department of Vehicle Regulation approves your application for new authority or for additional qualified vehicles, the authority and vehicle credentials issued by the department will be mailed by first class mail to your mailing address on file with the department. Alternatively, the credentials may be delivered in person to either a Sole Proprietor or an authorized officer or registered agent of the Corporation, Partnership, or Limited Liability Company listed with the Kentucky Secretary of State whose identity can be verified. You may request overnight or other expedited mail delivery by submitting with this application a corresponding prepaid envelope addressed to your mailing address on file.

### Application Process Assistance

If you have questions about this application form or the application process, please contact the Department of Vehicle Regulation, Division of Motor Carriers, Qualifications and Permits Branch, by phone at (502) 564-1257 or by email at [kytc.passhhg@ky.gov](mailto:kytc.passhhg@ky.gov).



Kentucky Transportation Cabinet  
 Department of Vehicle Regulation  
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**Charter Bus Authority Application**

**Section 2. Authority Application**

New Authority  Or Additional Vehicles

Docket No.

Company No.

Certificate No.

*(Required by applicant for additional vehicles)*

USDOT Number \_

Legal name \_

Doing business as \_

Mailing street address \_

City County State ZIP \_

Phone Fax \_

Email address *(required)*

I, the sole proprietor, or authorized officer or registered agent on behalf of the applicant, do hereby certify the following:

Each owner, official, employee, independent contractor, or agent operating the passenger vehicle listed on the enclosed [Vehicle Qualification](#) (Section 5) form has passed the required national criminal background check, a record of which was retained by the applicant.

Each vehicle listed on the enclosed [Vehicle Qualification](#) (Section 5) form has passed the required vehicle inspection completed by an ASE certified automotive service technician. The inspection was recorded on the [Vehicle Inspection](#) form (Section 4), a copy of which was retained by the applicant.

I have read and understood the commercial insurance requirements on page 3 of the application instructions.

Signature Date \_

Print name Print title \_

41 Application Fee

*(Department use)*



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**Section 3. Certificate of Assumed Name for Sole Proprietor**  
(Complete, record, and return only if the applicant is a sole proprietor.)

If the applicant is a sole proprietor, file and record this page with the county clerk where you maintain your principal place of business and then enclose the recorded copy with this application.

Pursuant to the provisions of **KRS 365.015**, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: \_\_\_\_\_
2. The legal name of the individual adopting the assumed name is: \_\_\_\_\_

3. The street address is: \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. The mailing address is: \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.**

Signature \_\_\_\_\_  
 Print name \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_ .

An assumed name shall be effective for a term of five (5) years from the date of filing and may be renewed for successive terms upon filing a renewal certificate within six (6) months prior to the expiration of the term, in the same manner of filing the original certificate of assumed name.



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**Section 4. Vehicle Inspection**

Each Charter Bus vehicle shall be inspected annually by an ASE certified automotive service technician who shall approve it for service. Have the service technician complete this inspection form annually. Maintain a copy for three years from the date of inspection for each vehicle that passed inspection and has been qualified.

Date of Inspection		Odometer		Model Year		Make	
Vehicle Type:	<input type="checkbox"/> Sedan	<input type="checkbox"/> Limousine	<input type="checkbox"/> Minivan	<input type="checkbox"/> Van	<input type="checkbox"/> Other	Model	
License Plate No.		VIN				Authority No.	

(Department use)

		Pass	Fail			Pass	Fail			Pass	Fail
<b>LIGHTS</b>			<b>SAFETY BELTS</b>				<b>TIRES</b>				
Headlights			Front/Rear				Right Front				
Reverse Lights			<b>SPEEDOMETER/ODOMETER</b>				Left Front				
High Beam			Operational/Legible				Right Rear				
Parking Lights			<b>ELECTRICAL SYSTEM</b>				Left Rear				
Turn Signals			Horn				<b>WIPERS</b>				
Taillights			Switches/Wiring				Arms/Blades				
Hazard Lights			Battery				Controls				
Brake Lights			Safety Switches				<b>FUEL SYSTEM</b>				
<b>STEERING</b>			<b>BRAKES</b>				Tank				
Steering Wheel			Brakes/Brake Pads				Cap				
Column			Parking Brake				Accelerator		<input type="checkbox"/>	<input type="checkbox"/>	
Power Steering			<b>WINDOWS/DOORS</b>				<b>EXHAUST SYSTEM</b>				
<b>UNDER HOOD</b>			Windshield				Muffler				
Fluid Levels			Window Cranks/Switches				Exhaust Pipes				
Engine Air Filter			Operable Door Locks				Mountings				
Hoses			Door Seals/Gaskets				Catalytic Converter				
<b>EXTERIOR</b>			<b>MIRRORS</b>				<b>INTERIOR</b>				
Body Condition			Interior				Cleanliness		<input type="checkbox"/>	<input type="checkbox"/>	
Paint Condition			Exterior				Condition				
No Modifications			Comments:								
<b>Inspection Results</b>		Pass									
		Fail									

<b>Inspection Address</b>				<b>Print Name of Service Technician</b>			
Company				ASE Certificate No.			
Street				Phone			
City				Email			
State		ZIP		Signature			





