



**APPLICATION FOR KENTUCKY SOLID WASTE
TRANSPORTER VEHICLE IDENTIFICATION CARD**

<p>KRS 174.450, Vehicles with a GVWR of 10,000 lbs. or less do not need to be added to the Municipal Solid Waste Transporter License.</p>	<p>MAIL TO: PO Box 2007, Frankfort, KY 40602-2007 Phone: (502)564-4127 http://Drive.KY.gov</p>	<p>NOTE: Please read and keep the instructions in Section 1. Page 2 must be submitted in order to process.</p>
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ID CARDS EXPIRE DECEMBER 31 OF EACH YEAR

SECTION 1: INSTRUCTIONS

Complete sections 2 and 3 of the application and return with the applicable fees from the vehicle fee schedule below. All vehicle license plates are required to be listed. Temporary plates are not accepted. Incomplete applications will be returned as deficient and will delay processing.

All state and federal credentials must be in good standing before a solid waste transporter vehicle identification card will be processed.

A USDOT number **MUST** be supplied if the vehicle has a gross vehicle weight of 10,001 lbs. or greater unless the vehicle is registered to a government agency. The legal and DBA name on the application **MUST** match the USDOT number record.

The application is required to be signed by the sole proprietor or authorized officer or registered agent on behalf of the applicant and notarized.

Please allow 5-10 business days for processing.

**RENEWAL FEE \$10.00 PER VEHICLE, REGARDLESS OF
MONTH FIRST TIME VEHICLE FEES ARE PRORATED:**

JANUARY: \$10.00	FEBRUARY: \$9.17	MARCH: \$8.34	APRIL: \$7.50
MAY: \$6.67	JUNE: \$5.84	JULY: \$5.00	AUGUST: \$4.17
SEPTEMBER: \$3.34	OCTOBER: \$2.50	NOVEMBER: \$1.67	DECEMBER: \$0.84

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622.



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
DIVISION OF MOTOR CARRIERS

Office Use Only
 Account Code
 40 \$ _

**APPLICATION FOR KENTUCKY SOLID WASTE
 TRANSPORTER VEHICLE IDENTIFICATION CARD**

SECTION 2: INFORMATION

Municipal Solid Waste Transporter License #

DOT Number: _____ KYU Number: _____

Company Name: _____

Address: _____

City _____ State _____ ZIP _____

Contact Person _____ Phone: _____

SECTION 3: VEHICLE INVENTORY

If you currently have a license, list ONLY additions.
MAKE FEES PAYABLE TO "KENTUCKY STATE TREASURER."

NOTE: Please read and keep the instructions in Section 1. Page 2 must be submitted in order to process.

Unit Number <small>(List The Last Six Numbers If More Than 6)</small>	Vehicle Identification Number <small>(Full 17-digit VIN for newer vehicles)</small>	Make <small>See chart above for codes</small>	Year	Combined License Weight	Truck Type <small>ST= Straight Truck TR= Tractor Trailer</small>	Number of Axles	State of License	Plate Number	Name of Les ^{OR} <small>(If Leased)</small>	Fees are Prorated

I, THE UNDERSIGNED OFFICIAL OF THE NAMED LICENSEE AFTER BEING FIRST DULY SWORN, DO HEREBY CERTIFY THAT THE NAMED LICENSEE HAS AND SHALL MAINTAIN LIABILITY INSURANCE ON EACH VEHICLE OPERATED UNDER THIS LICENSE. IN ADDITION, I CERTIFY THAT I HAVE ACCESS TO AND AM FAMILIAR WITH ALL APPLICABLE REGULATIONS OF THE U.S. AND KY DEPARTMENT OF TRANSPORTATION RELATING TO THE SAFE OPERATION OF COMMERCIAL VEHICLES AND THE SAFE TRANSPORTATION OF HAZARDOUS MATERIALS, AND I SHALL COMPLY WITH THESE REGULATIONS.

SIGNATURE _____ **TITLE** _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20 _

NOTARY PUBLIC: _____ MY COMMISSION EXPIRES: _