

## **Kentucky Transportation Cabinet**

TC 95-567 05/2018

## Division of Motor Carriers KENTUCKY INTRASTATE FOR-HIRE AUTHORITY RENEWAL

(EXCEPT HOUSEHOLD GOODS AND PASSENGERS)

## MAIL TO:

PO Box 2007, Frankfort KY 40602-2007 Phone: (502)564-1257

Drive.ky.gov/	
For Year: Business Name and Address:	LIST YOUR COMPANY NUMBER (S):
	(K) NUMBER:
	KYU NUMBER:
	DOT NUMBER:
	KIT NUMBER:
TO ENSURE RECEIPT OF THIS AUTHORITY BEFORE THE EXPIRAT RETURN PRIOR TO NOVEMBER	
FEES:	
Number of vehicles X \$10.00 per vehicle = \$	
The application fee of \$25.00 <b>must</b> also be submitted. + \$ 25.00	
Total enclosed = \$	
> Make fees payable to Kentucky State Treasurer.	
<ul> <li>The company's evidence of insurance (Form E) must be on file with the Carriers with invalid insurance will not be processed until receipt of the Write corrections to your company name, address and/or telephone remains the corrections.</li> </ul>	he Form É.
address changes require a revised insurance form (Form E).	difficulty of the form rains and o
Future additions to this authority must be submitted on the VEHICLE Authority form. This form may be obtained from our web site: <u>Drive.l</u>	
The undersigned hereby files application for the renewal of Kentucky Intrastate F effect until expired by law or revoked by the Kentucky Transportation Cabinet. Ar verification of insurance. I certify that I have access to and am familiar with all Transportation relating to the safe operation of commercial vehicles and the safe trawith these regulations:	ny vehicles operated under this authority must carry applicable regulations of the U.S. Department of
*** FAXED COPIES NOT ACC	EPTED ***
Original form must be ma	iled
PRINT NAME AND TITLE	
AUTHORIZED SIGNATURE	DATE Office Use Only
( ) TELEPHONE NUMBER	Account codes:
I ELEFHONE NUMBER	31 \$
EMAIL ADDRESS	33 \$ 25.00

IF YOU NO LONGER NEED THIS AUTHORITY PLEASE CHECK HERE:

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