



**Division of Motor Carriers**

**Disabled Persons Vehicle Authority Application**

MAIL TO: PO BOX 2007, Frankfort, KY 40602-2007 Phone: (502) 564-1257 Fax: (502) 564-4138

[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 Disabled Persons Vehicle 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.

**Division of Motor Carriers**

**Disabled Persons Vehicle Authority Application**

**Section 1. Application Instructions**

To Apply for Disabled Persons Vehicle Authority

**Disabled Persons Vehicle** means a motor vehicle operating under a disabled persons vehicle certificate especially equipped for the transportation of passengers with disabilities in accordance with 49 C.F.R. pt. 38, and is designed or constructed with not more than fifteen (15) regular seats. It shall not mean an ambulance as defined in KRS 311A.010. It shall not mean a motor vehicle equipped with a stretcher.

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 \$30 prorated for the month the vehicle is first authorized for service (See chart in Section 5, page 8).  $(\$250 \text{ application fee}) + (\text{number of vehicles} \times \text{per vehicle fee of } \$30 \text{ prorated for the month of service}) = \text{total fees}$

**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.

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## 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 Disabled Persons Vehicle with the Division of Motor Carriers in connection with this application. The vehicle must be equipped for the transportation of passengers with disabilities in accordance with 49 C.F.R. pt. 38. 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. 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.

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## Section 1. Application Instructions

### Criminal Background Checks

You are required to obtain a national criminal background check, in compliance with KRS 281.6301, of each owner, official, employee, independent contractor, or agent operating a passenger vehicle. For a list of approved companies [CLICK HERE](#). 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. The additional vehicles must be equipped for the transportation of passengers with disabilities in accordance with 49 C.F.R. pt. 38. 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 \$30 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.passhg@ky.gov](mailto:kytc.passhg@ky.gov).



### Disabled Persons Vehicle Authority Application

## Section 2. Authority Application

New Authority	<input type="checkbox"/>	Or Additional Vehicles	<input type="checkbox"/>
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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.

Each vehicle listed on the enclosed [Vehicle Qualification](#) (Section 5) form is equipped for the transportation of passengers with disabilities in accordance with 49 C.F.R. pt. 38.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Print title \_\_\_\_\_

43 Application Fee	
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*(Department use)*



**Division of Motor Carriers**

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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.



## Disabled Persons Vehicle Authority Application

### Section 4. Vehicle Inspection

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

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







### Division of Motor Carriers Disabled Persons Vehicle Authority Application

**Section 5. Vehicle Qualification**

Unit No.	VIN <sup>123</sup>	Make	Year	Plate State	Plate	Seating Capacity <sup>4</sup>	MC Plate

<sup>1</sup> Each vehicle must have passed the required vehicle inspection by an ASE certified service technician.

<sup>2</sup> Each owner, official, employee, independent contractor, or agent operating the passenger must have passed the required nationwide criminal background check.

<sup>3</sup> Each vehicle is equipped to transport passengers with disabilities in accordance with 49 C.F.R. pt. 38.

<sup>4</sup> Each vehicle must be covered under the appropriate insurance policy based on seating capacity.

(Department use)