



Division of Motor Carriers

U-DRIVE-IT REFUND APPLICATION

MAIL TO:
Division of Motor Carriers
U-Drive-It Section
P.O. Box 2004
Frankfort, KY 40602-2004

Drive.ky.gov/

Form with sections: Name of Business, Location of Business, Questions (1-5), Instructions. Includes fields for name, address, phone, and detailed questions about tax refunds.

I, the undersigned, declare under the penalties of perjury that I have examined this application (including any attached schedules) and to the best of my knowledge and belief, the statements contained herein are true, complete and correct, and that I am duly authorized to sign this application.

Signed _____ Title _____

Name _____ Date _____