



Kentucky Transportation Cabinet  
Department of Vehicle Regulation

TC 95-613  
05/2018  
Page 1 of 7

**Division of Motor Carriers**

**Temporary Event-Related 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 Temporary Event-Related Authority**

This form contains documents required for intrastate motor carrier authority for ten (10) days. The following sections are contained in this application form:

**Application Index**

Section 1. Application Instructions

Pages 2-3

Section 2. Authority Application

Page 4

Section 3. Certificate of Assumed Name for Sole Proprietor Only

Page 5

(Complete, record, and return only if the applicant is a sole proprietor)

Section 4. Vehicle Qualification

Pages 6-7

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**

**Temporary Event-Related Authority Application**

**Section 1. Application Instructions**

**To Apply for Temporary Event-Related Authority**

You are required to follow these instructions to complete and mail or deliver this **Authority Application** (Section 2) and enclose the required fees to the Division of Motor Carriers 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 a check or money order made payable to the "Kentucky State Treasurer" for the vehicle fees of \$25 per vehicle (number of vehicles \_\_\_\_\_ X per vehicle fee of \$25) = 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.

**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.



## **Temporary Event-Related Authority Application**

### **Section 1. Application Instructions**

#### **Qualification of Vehicles**

You are required to qualify vehicles with the Division of Motor Carriers in connection with this application before it may be lawfully operated under that authority. You must complete and submit the enclosed **Vehicle Qualification** form (Section 4) listing required information for each vehicle to be qualified. You may make additional copies of the blank form on page 7 and submit as many completed qualification forms necessary to list each vehicle you intend to qualify.

#### **Authority and Qualified Vehicle Credentials**

The temporary event-related vehicle credentials issued by the department will be mailed to your mailing address on file with the department or faxed to the provided fax number. 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.

#### **Application Process Assistance**

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



Temporary Event-Related Authority Application

Section 2. Authority Application

DOT NO. (required for seating over 8)
MC NO. (required when interstate for hire)

Name of event
Date(s) of event

ALL FIELDS REQUIRED

Legal name Doing business as

as

Street address

City State Zip

Phone Fax

Email address (required)

Mailing address (if different from above)

I hereby certify that:

- 1. The applicant is a sole proprietor.
2. The applicant is a corporation, partnership, LLC, or other registered business organization.
3. The applicant, if qualifying a disabled persons vehicle, must have a vehicle especially equipped for the transportation of passengers with disabilities in accordance with 49 C.F.R. pt. 38.
4. The applicant has obtained the appropriate amount of commercial liability insurance according to KRS 281.655.
5. The applicant has the required Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance, on file with the Division of Motor Carriers and shall be on file before any credential will be issued and before any operations are conducted.



## Temporary Event-Related Authority Application

### Section 2. Authority Application

46 Vehicle Fee	
----------------	--

*(Department Use)*



### Temporary Event-Related Authority Application

## 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.



