



KENTUCKY TRANSPORTATION CABINET  
 Department of Vehicle Regulation  
**DIVISION OF MOTOR CARRIERS**

TC 95-39  
 Rev. 07/2015  
 Page 1 of 2

**APPLICATION FOR KENTUCKY PASSENGER FEE RECEIPT CARD FOR YEAR \_\_\_\_\_**     Add On     Renewal

**MAIL TO:** PO BOX 2007, Frankfort, KY 40602-2007 Phone: (502) 564-1257 Fax: (502) 564-4138  
 Walk-ins: 8:00 am – 4:00 pm EST  
<http://transportation.ky.gov/motor-carriers>

BUS CERTIFICATE # \_\_\_\_\_  
 TRANSPORTATION NETWORK COMPANY # \_\_\_\_\_  
 DISABLED VEHICLE CERTIFICATE # \_\_\_\_\_  
 LIMOUSINE CERTIFICATE # \_\_\_\_\_  
 TAXICAB CERTIFICATE # \_\_\_\_\_

Office Use Only					
BUS	Plate Fee	39	_____	Cert	41 \$250.00 <input type="checkbox"/>
TNC	Plate Fee	42	_____	Cert	43 \$250.00 <input type="checkbox"/>
DPV	Plate Fee	42	_____	Cert	43 \$250.00 <input type="checkbox"/>
LIMO	Plate Fee	42	_____	Cert	43 \$250.00 <input type="checkbox"/>
TAXI	Plate Fee	42	_____	Cert	43 \$250.00 <input type="checkbox"/>

**SECTION 1: COMPANY INFORMATION**

Legal Name:			DBA Name:			
Street:		City:		State:		Zip:
Phone:		Fax:		Email:		(required)

**SECTION 2: VEHICLE INFORMATION**

	UNIT #	VEHICLE IDENTIFICATION # (Serial #)	MAKE	YEAR	PLATE STATE	PLATE #	FEE PER VEHICLE	SEATING CAPACITY	MC PLATE/DECAL (Office Use Only)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**TOTAL FEES SUBMITTED**    \$ \_\_\_\_\_



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**SECTION 3: SIGNATURE**

Please make all fees payable to KENTUCKY STATE TREASURER.

Signature required from the sole proprietor or the officer or registered agent of the Corporation, Partnership, or Limited Liability Company.

Print Name:

\*Signature:

Date:

\*I hereby certify under penalty, under the laws of the Commonwealth of Kentucky, that each vehicle has passed a vehicle inspection completed by an automotive service technician certified by the National Institute for Automotive Service Excellence (ASE) Certification and that all national criminal background checks have been obtained for each driver prior to qualifying the vehicle. All inspections and background checks must be kept in your records for three years. If a disabled persons vehicle, I hereby certify the vehicle is equipped for the transportation of passengers with disabilities in accordance with 49 C.F.R. pt. 38.

**SECTION 4: NOTARIZATION (required)**

STATE OF

COUNTY OF

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

NOTARY PUBLIC \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_

**FEE PRORATE CHART**

	Bus	TNC	DPV	Limousine	Taxicab
January	\$100.00			\$30.00	
February	\$91.67			\$27.50	
March	\$83.33			\$25.00	
April	\$75.00			\$22.50	
May	\$66.67			\$20.00	
June	\$58.33			\$17.50	
July	\$50.00			\$15.00	
August	\$41.67			\$12.50	
September	\$33.33			\$10.00	
October	\$25.00			\$7.50	
November	\$16.67			\$5.00	
December	\$8.33			\$2.50	

THIS FORM MAY BE DUPLICATED FOR FURTHER USE