



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

TC 95-1  
 10/2016  
 Page 1 of 8

**KENTUCKY TRUCKING APPLICATION**

Office Use Only

KYU: \_\_\_\_\_  
 KIT: \_\_\_\_\_  
 IFTA: \_\_\_\_\_  
 KY Intra For-Hire: \_\_\_\_\_  
 KYTC#: \_\_\_\_\_

Mail To:

Kentucky Transportation Cabinet  
 Division of Motor Carriers  
 PO Box 2007  
 Frankfort, KY 40602-2007  
 502-564-1257 (8:00 am - 4:30 pm est.)

Overnight Deliveries:

Kentucky Transportation Cabinet  
 Division of Motor Carriers  
 200 Mero Street, 2<sup>nd</sup> floor  
 Frankfort, KY 40622  
 Walk-ins (8:00 am – 4:00 pm est.)  
<http://drive.ky.gov/>

**Instructions:** (Read instructions and use the checklist below before submitting an application)

Type or print legibly and read all information carefully - **NOTE: Original Application Accepted by Mail Only**

Please ensure that all federal and state licenses and/or credentials are active before submitting an application

Data requested below must match the (FMCSA) Federal Motor Carrier Safety Administration's data or the application will be returned

Incomplete applications will be sent back with an explanation letter

Please allow 10-14 business days for processing

**Carrier Checklist:** (Check the box next to the credential you are requesting)

- KYU(Kentucky Highway Use Tax) license complete **sections 1, 2, 3, and 7** (NO FEES REQUIRED; all carriers may apply)
- IFTA (International Fuel Tax Agreement) complete **sections 1, 2, 4, and 7** (NO FEES REQUIRED; Interstate KY based carriers only)
- KIT (Kentucky Intra Fuel Tax) license complete **sections 1, 2, 5, and 7** (NO FEES REQUIRED; Intrastate KY carriers only)
- Kentucky Intrastate For-Hire Certificate complete **sections 1, 2, 6, and 7** (**\$25 First-time application fee and vehicle fee may apply**)

**Section 1: Carrier Information and Identification Numbers:**

**USDOT Number:**

(Need USDOT #, visit FMCSA <https://www.fmcsa.dot.gov/>)

**Tax Identification Number:**

(FEIN preferred over SSN and number must match what is on FMCSA)

**MC Number:**

(Need MC #, visit FMCSA <https://www.fmcsa.dot.gov/>)

**<sup>2</sup>KYTC Number:**

(Visit [Motor Carrier Portal](#) to obtain for your KYTC number)

**Legal Name:**

**DBA Name** (DBA must also be listed with FMCSA on your USDOT):

**Physical Address:**

**City:**

**State:**

**ZIP Code:**

Is mailing address the Carrier's or Third Party Provider?  Company  Third Party Provider

**Mailing Address** (Mailing same as physical leave blank):

**City:**

**State:**

**ZIP Code:**

**Phone Number** (required):

**FAX:**

**Contact Person:**

(First and Last Name required)

**Email:**

(required)





### KENTUCKY TRUCKING APPLICATION

#### Section 3 (cont.): Kentucky Highway Use Tax (KYU)

<sup>4</sup>VIN information must be entered below in order to process your request for a KYU license. Applications without VIN information will be returned. **Do not declare weights in excess of 80,000 pounds or less than 60,000 pounds.**

Title Number	State Registered	Plate #	Vehicle Identification Number (Full 17-digit VIN for newer vehicles)	Unit # (Last 6 digits)	Model Year (4 digits)	Make (4 chars)	<sup>3</sup> Combined Licensed Weight (See Page 2)
1.							
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<sup>4</sup>601 KAR 1:200(7)(a) 1. A KYU licensee shall register each vehicle subject to the tax imposed by KRS 138.660(3) with the transportation cabinet.



**KENTUCKY TRUCKING APPLICATION**

**Section 4: International Fuel Tax Agreement (IFTA)**

**Instructions:** This section is for Kentucky-based carriers only. **(No fees required to apply for IFTA)**

**IFTA License** – Carriers that cross state lines with vehicles that have a combined licensed weight<sup>3</sup> of 26,001 lbs. or greater or with power units that have 3 or more axles regardless of weight are subject to IFTA.

Have you ever had an IFTA license issued to you in another name or jurisdiction?  No  Yes

(If yes, you are required to provide the name, number, and jurisdiction you operated under.

**Name:**

**IFTA License Number:**

**Jurisdiction:**

Was the license revoked or cancelled?  No  Yes

If business type is a Partnership, Corporation or LLC formed with the Kentucky Secretary of State you must list the officer name/title below:

Example: John Doe / President

6. \_\_\_\_\_ / \_\_\_\_\_

7. \_\_\_\_\_ / \_\_\_\_\_

8. \_\_\_\_\_ / \_\_\_\_\_

9. \_\_\_\_\_ / \_\_\_\_\_

10. \_\_\_\_\_ / \_\_\_\_\_

Check box below for the fuel type(s) consumed by your IFTA qualified vehicles:

Diesel  Gasoline  Ethanol  LPG  LNG  CNG  Gasohol  Methanol  E85  A55  Biodiesel

**Do you store bulk fuel? Yes  No  If Yes, click or mark the box for the jurisdiction(s) where bulk fuel is stored:**

				<input type="checkbox"/> AB – Alberta
<input type="checkbox"/> AL – Alabama	<input type="checkbox"/> IA – Iowa	<input type="checkbox"/> NE - Nebraska	<input type="checkbox"/> RI – Rhode Island	<input type="checkbox"/> BC – British Columbia
<input type="checkbox"/> AZ – Arizona	<input type="checkbox"/> KS - Kansas	<input type="checkbox"/> NV - Nevada	<input type="checkbox"/> SC – South Carolina	<input type="checkbox"/> NB – New Brunswick
<input type="checkbox"/> AR – Arkansas	<input type="checkbox"/> KY – Kentucky	<input type="checkbox"/> NH – New Hampshire	<input type="checkbox"/> SD – South Dakota	<input type="checkbox"/> MB – Manitoba
<input type="checkbox"/> CA – California	<input type="checkbox"/> LA – Louisiana	<input type="checkbox"/> NJ – New Jersey	<input type="checkbox"/> TN – Tennessee	<input type="checkbox"/> ON – Ontario
<input type="checkbox"/> CO – Colorado	<input type="checkbox"/> ME – Maine	<input type="checkbox"/> NM – New Mexico	<input type="checkbox"/> TX – Texas	<input type="checkbox"/> QC – Quebec
<input type="checkbox"/> CT Connecticut	<input type="checkbox"/> MD – Maryland	<input type="checkbox"/> NY – New York	<input type="checkbox"/> UT – Utah	<input type="checkbox"/> SK – Kaskatchewan
<input type="checkbox"/> DE – Delaware	<input type="checkbox"/> MA – Massachusetts	<input type="checkbox"/> NC – North Carolina	<input type="checkbox"/> VA – Virginia	<input type="checkbox"/> NL – Newfoundland
<input type="checkbox"/> FL – Florida	<input type="checkbox"/> MI – Michigan	<input type="checkbox"/> ND – North Dakota	<input type="checkbox"/> VT – Vermont	<input type="checkbox"/> NW – NW Territory
<input type="checkbox"/> GA – Georgia	<input type="checkbox"/> MN – Minnesota	<input type="checkbox"/> OH – Ohio	<input type="checkbox"/> WA – Washington	<input type="checkbox"/> NS – Nova Scotia
<input type="checkbox"/> ID – Idaho	<input type="checkbox"/> MS – Mississippi	<input type="checkbox"/> OK – Oklahoma	<input type="checkbox"/> WV – W. Virginia	<input type="checkbox"/> PE – Prince Edward Isl
<input type="checkbox"/> IL – Illinois	<input type="checkbox"/> MO – Missouri	<input type="checkbox"/> OR – Oregon	<input type="checkbox"/> WI – Wisconsin	<input type="checkbox"/> YU – Yukon Territory
<input type="checkbox"/> IN – Indiana	<input type="checkbox"/> MT – Montana	<input type="checkbox"/> PA – Pennsylvania	<input type="checkbox"/> WY – Wyoming	<input type="checkbox"/> DC – Dist. of Columbia



### KENTUCKY TRUCKING APPLICATION

#### Section 4 (cont.): International Fuel Tax Agreement (IFTA)

**Number of decal sets requested:** (1 set per vehicle, decals requested must match FMCSA power unit total, UCR fee paid category, IRP apportioned total, and decals requested must match the quantity of VIN(s) listed below)

**IFTA VIN/Decal Request** - List the VIN in the space below. If more than 32 VIN's, please use another sheet of paper.

	Complete Vehicle Identification Number (Full 17-digit VIN for newer vehicles)	Year (4 digits)	Make of Vehicle (4 chars)	Unit Number (If greater than 6 digits, list the last 6.)	<sup>3</sup> Combined Licensed Weight (See page 2 for def.)
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**KENTUCKY TRUCKING APPLICATION**

**Section 5: Kentucky Intrastate Tax Fuel (KIT)**

**Instructions:** This section is for Kentucky-based carriers only. **(No fees required to apply for KIT)**

**KIT License** – Kentucky-based carriers that never leave KY with vehicles that have a combined licensed weight<sup>3</sup> of 26,001 lbs. or greater or with power units that have 3 or more axles regardless of weight are subject to KIT.

Have you ever had an KIT license issued to you in another name?  No  Yes  
 If yes, you are required to provide the name and number.

**Name:** \_\_\_\_\_ **KIT Number:** \_\_\_\_\_

Was the license revoked or cancelled?  No  Yes

**Number of decal sets requested:** \_\_\_\_\_ (1 set per vehicle, decals requested must match the quantity of VIN(s) listed.)

**KIT VIN/Decal Request** - List the VIN in the space below. If more than 22 VIN's, please use another sheet of paper.

	Complete Vehicle Identification Number (Full 17-digit VIN for newer vehicles)	Year (4 digits)	Make of Vehicle (4 chars)	Unit Number (If greater than 6 digits, list the last 6.)	<sup>3</sup> Combined Licensed Weight (See page 2 for def.)
1.					
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**KENTUCKY TRUCKING APPLICATION**

**Section 6: Kentucky Intrastate For-Hire Certificate**

**Instructions: This section is not for all carriers. Please read information on this page before applying. Kentucky For-Hire Certificate is required when you pick up and drop off the same cargo within Kentucky.**

Have you ever had a KY Intra For-Hire Certificate issued to you in another name?  No  Yes  
 If yes, you are required to provide the name and number.

**Name:**

**K-Number:**

Was the certificate revoked or cancelled?  No  Yes

Please check all commodities being transported.

**Cargo Carried:**

- |                                                         |                                                    |                                                           |
|---------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> A. GENERAL FREIGHT             | <input type="checkbox"/> K. LIQUIDS or GASES       | <input type="checkbox"/> X. BEVERAGES                     |
| <input type="checkbox"/> B. HOUSEHOLD GOODS             | <input type="checkbox"/> L. INTERMODAL CONT.       | <input type="checkbox"/> Y. PAPER PRODUCTS                |
| <input type="checkbox"/> C. METAL, SHEETS, COILS, ROLLS | <input type="checkbox"/> N. OILFIELD EQUIPMENT     | <input type="checkbox"/> Z. OTHER - Please specify below. |
| <input type="checkbox"/> D. MOTOR VEHICLES              | <input type="checkbox"/> Q. COAL or COKE           |                                                           |
| <input type="checkbox"/> E. DRIVEAWAY or TOWAWAY        | <input type="checkbox"/> R. MEAT                   |                                                           |
| <input type="checkbox"/> F. BUILDING MATERIALS          | <input type="checkbox"/> S. GARBAGE, REFUSE, TRASH |                                                           |
| <input type="checkbox"/> H. MOBILE HOMES                | <input type="checkbox"/> T. U.S. MAIL              |                                                           |
| <input type="checkbox"/> I. MACHINERY, LARGE OBJECTS    | <input type="checkbox"/> W. REFRIGERATED FOOD      |                                                           |

Please check the one box below that represents your carrier operation on the Federal Motor Carrier Safety Administration:

**Intrastate Kentucky-Based For-Hire Carriers that pick up and deliver the same cargo within Kentucky only complete this section:**

This certificate will require a \$25.00 fee, a \$10.00 per vehicle fee, and a Form E insurance filing sent from your insurance company. The Form E must read exactly as it appears in the Carrier Information section from page 1 of this application.

Total number of vehicle(s) to be operated under this authority: \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_

Application Fee: \_\_\_\_\_ + \$ 25.00

Total: \_\_\_\_\_ = \$ \_\_\_\_\_

**Interstate For-Hire USDOT Carriers that pick up and deliver the same cargo within Kentucky regardless of base state complete this section:**

This certificate will require a one-time \$25.00 application fee and a Form E insurance filing sent from your insurance company. The Form E must read exactly as it appears in the Carrier Information section from page 1 of this application. There are no vehicle fees, as your current year's UCR fees will cover your vehicle fees.

**Please make check or money order payable to Kentucky State Treasurer.**

Office Use Only \_\_\_\_\_

31 For-Hire Authority:

33 \$25.00 Filing Fee:



## KENTUCKY TRUCKING APPLICATION

### Section 7: Signature Authorization - For All Carriers Regardless of Base State.

A third party provider may complete the application on behalf of a carrier; however, both parties must sign the authorization and meet the requirements below:

**Carrier Signature** - Carrier signature required on all applications regardless of the person completing application

Under penalties of perjury, I certify that the information given is, to the best of my knowledge, true, accurate, and complete. In addition, I certify that I do not at present have any outstanding road tax obligations or suspensions. I agree to comply with reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement, and the rules and regulations of the Kentucky Department of Vehicle Regulation. I further agree that the Department of Vehicle Regulation may withhold any refunds due if I am delinquent on fuel taxes due to any member jurisdiction. I further certify that I am familiar with the Federal Motor Carrier Safety Regulations and the Federal Hazardous Materials Regulations. Failure to comply with these provisions shall be grounds for revocation of any license and/or authority in Kentucky or all member jurisdictions.

Original signature of responsible party is required. **Faxes not accepted.** If Kentucky based corporation, an officer must sign and the officer must be listed with the corporation on the Kentucky Secretary of State's website under business filings.

Furthermore, I understand that by signing this document my signature could also hold me as the responsible party and that I can personally be liable for any delinquencies owed regarding the operations of this company and/or any other company I may be associated.

Signature of Carrier:

Date of Carrier Signature:

Printed name of signature above:

Title of Carrier who signed:

**Third Party Provider Signature** – only required when the carrier has agreed through a Power of Attorney to allow a third party provider to complete this application.

If third party is completing this application on behalf of a carrier then both parties must sign this application. "If anyone, other than the individual for whom this application is for, is submitting and signing the application, they shall obtain and maintain a "Power of Attorney" stating they have authority to do so. Failure to produce a "POA" on demand may result in revocation of the KYU license and revocation of your third party provider privileges.

Furthermore, as the third party provider I agree to all the terms of this application and of this Signature Authorization page.

Signature of Third Party Provider completing application:

Date of Third Party Provider Signature:

Printed name of Third Party Provider above: