## Kentucky Transportation Cabinet

TC 95-588 03/2009

## Division of Motor Carriers SERVICE-PROVIDER AND PERMITTING AGENCY ON-LINE SERVICES APPLICATION

## MAIL TO:

PO Box 2007, Frankfort KY 40602-2007 Phone: (502)564-4127 Fax: (502)564-4138 8:00 am - 4:30 pm EST Walk-ins: 8:00 am - 4:00 pm http://transportation.ky.gov/dmc

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Service Provider Name:		
Address:		
City:	State:	Zip Code:
Phone#:		
Fax#:		
E-Mail Address:		
Contact Person:		
Please check one of the following methods that you wish to receive verification or rejection of the application:		
System access requires a password and a service provider code. Your service provider code will be assigned by this office. You will select your own password which <u>MUST</u> be 8 characters (alpha and/or numeric). Please submit your completed application to fax number: 502-564-4138.		
Please enter the password you would like assigned to your account in the space provider below. Electronic tax filers and Voucher Agreement filers may use the same password:		
Password: (must be 8 characters)	2 3 4 5	6 7/ 8
Please submit this application to the above listed address or fax number.		
Upon receipt and review of your application and instructions on how to utilize the webs free to contact: 502-564-4127.		
Office Use Only		
Service Provider Code:		