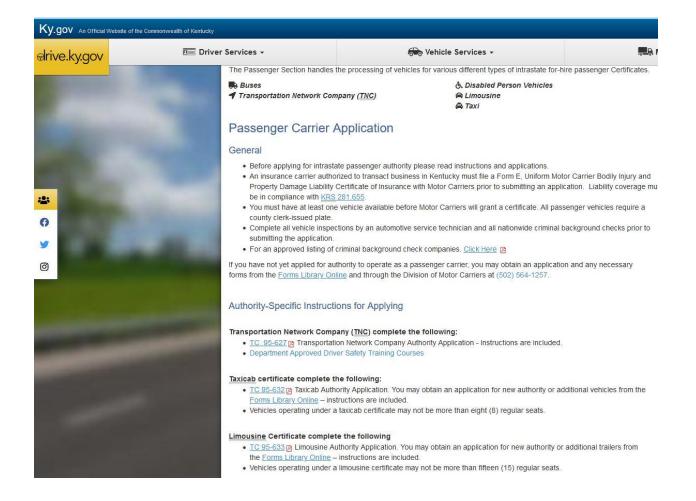


## BASIC CRITERIA FOR TRANSPORTATION COMPANIES

The below criteria is required by regulation for all limousine, commercial motor vehicle and tour operators conducting business in the state of Kentucky. Distilleries reserve the right to request proof of criteria and deny services to any person/company not in compliance with state and federal requirements.

- Limousine operators must have limo operating authority granted by the state of Kentucky Form TC 95-633. If operating not as a Kentucky company, then DOT number must be displayed if the vehicle crosses state lines.
- Commercial vehicle insurance must be held at the minimum of \$650,000 coverage. Not just 'regular' car or rental insurance.
- Vehicle inspections must be performed and documented yearly by a certified inspector.
- Criminal background checks must be performed on all chauffeurs/drivers.
- Limo plate must be displayed on the front of the vehicle from Kentucky Motor Carriers.
- Operators must carry a fee-receipt card in the vehicle.
- If operating a vehicle rated for 8 passengers or more, a Federal Operating Authority or DOT#, is required and must be displayed, even if you do not cross state lines.
- No drinking or sampling of alcohol is permitted by commercial drivers while on duty per the Federal Motor Carrier Safety Administration's <u>Safety Planner section 6.3.2 Alcohol (392.5)</u>.
- Operators must collect and remit sales tax and all other appropriate taxes.
- Require proof of being added as an "additional insured' on the guest's insurance policy if hiring as a driver of that guest's vehicle.

## ADDITIONAL RESOURCES



KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF MOTOR CARRIERS					TC 95-622 05/2018 Page 1 of 2
	CONSUM	ER COMI	PLAINT		
MAIL TO: Kentucky Transportation Cabinet Division of Motor Carriers PO Box 2007, Frankfort, KY 40602-2007 OR: Email: qp.dmc@ky.gov		<b>OVERNIGHT DELIVERIES:</b> 200 Mero Street, 2 <sup>nd</sup> floor, Frankfort, KY 40622 <u>Drive.Ky.Gov</u>			
SECTION 1: COMPLAINANT INFORMATI Name	ON				
Address					
City		State	Zip	County	
Home Phone Work Phone		)	Cell Phone		
SECTION 2: COMPANY COMPLAINT IS A Company Name Address	AGAINST				
City		State	Zip	County	
Phone SECTION 3: COMPLAINT INFORMATION Was bill of lading, freight, or contract signed Yes No (If yes, please attach copy of	1?	Whe	re section.) re was it signo	ed?	
Dates of transportation services From:		То:			
Total Price		Amount Paid			
How was service advertised? Newspaper TV Radio Mail With what other agencies have you filed thi What action was taken?		Email 🗌	Internet 🔲 🤇	Other	
Have you hired or retained a private attorney?     Have you started court action?       Yes     No					



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## CONSUMER COMPLAINT

SECTION 3: COMPLAINT INFORMATION (cont.)

What action will resolve your complaint?

Below, briefly state the facts of your complaint (*If necessary, use additional paper.*) Please attach copies of any papers involved; card receipts or statements, contracts, advertisements, canceled checks, etc. The information you provide will be used in our effort to resolve your problem and may be shared with the party against which you have complained. It may also be used to enforce applicable state laws. Under Kentucky's Open Records Act, this complaint will be available for public view upon request. Certain personal information such as account numbers are not subject to the Open Records Act.

Ν

The above information is true and accurate to the best of my knowledge.

Signature

Date