

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 [Safety Planner section 6.3.2 Alcohol \(392.5\)](#).
- 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

Ky.gov An Official Website of the Commonwealth of Kentucky

drive.ky.gov

Driver Services ▾

Vehicle Services ▾

The Passenger Section handles the processing of vehicles for various different types of intrastate for-hire passenger Certificates.

Buses

- Transportation Network Company (TNC)

Disabled Person Vehicles

- Limousine
- Taxi

Passenger Carrier Application

General

- Before applying for intrastate passenger authority please read instructions and applications.
- An insurance carrier authorized to transact business in Kentucky must file a Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance with Motor Carriers prior to submitting an application. Liability coverage must be in compliance with [KRS 281.655](#).
- You must have at least one vehicle available before Motor Carriers will grant a certificate. All passenger vehicles require a county clerk-issued plate.
- Complete all vehicle inspections by an automotive service technician and all nationwide criminal background checks prior to submitting the application.
- For an approved listing of criminal background check companies. [Click Here](#)

If you have not yet applied for authority to operate as a passenger carrier, you may obtain an application and any necessary forms from the [Forms Library Online](#) and through the Division of Motor Carriers at (502) 564-1257.

Authority-Specific Instructions for Applying

Transportation Network Company (TNC) complete the following:

- [TC 95-627](#) Transportation Network Company Authority Application - Instructions are included.
- [Department Approved Driver Safety Training Courses](#)

Taxicab certificate complete the following:

- [TC 95-632](#) Taxicab Authority Application. You may obtain an application for new authority or additional vehicles from the [Forms Library Online](#) – instructions are included.
- Vehicles operating under a taxicab certificate may not be more than eight (8) regular seats.

Limousine Certificate complete the following

- [TC 95-633](#) Limousine Authority Application. You may obtain an application for new authority or additional trailers from the [Forms Library Online](#) – instructions are included.
- Vehicles operating under a limousine certificate may not be more than fifteen (15) regular seats.



CONSUMER COMPLAINT

MAIL TO:

Kentucky Transportation Cabinet
Division of Motor Carriers
PO Box 2007, Frankfort, KY 40602-2007

OR:

Email: qp.dmc@ky.gov

OVERNIGHT DELIVERIES:

200 Mero Street, 2nd floor, Frankfort, KY 40622

Drive.Ky.Gov

SECTION 1: COMPLAINANT INFORMATION

Name

Address

City

State

Zip

County

Home Phone

Work Phone

Cell Phone

E-mail address

SECTION 2: COMPANY COMPLAINT IS AGAINST

Company Name

Address

City

State

Zip

County

Phone

SECTION 3: COMPLAINT INFORMATION *(Please complete entire section.)*

Was bill of lading, freight, or contract signed?

Yes No *(If yes, please attach **copy** of your contract.)*

Where was it signed?

Dates of transportation services

From:

To:

Total Price

Amount Paid

How was service advertised?

Newspaper TV Radio Mail Phone Email Internet Other

With what other agencies have you filed this complaint?

What action was taken?

Have you hired or retained a private attorney?

Yes No

Have you started court action?

Yes No



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.

SECTION 4: SIGNATURE AUTHORIZATION

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

Signature

Date