



APPLICATION TO BECOME A KYELT APPROVED ENTITY

INSTRUCTIONS: Under KRS 186A.017(4), the applicant must return this completed form with required payment by US Mail to the address below to receive an approved entity status. It is recommended to fill out the form electronically, print, and sign. (The form will accept an electronic signature, if preferred.) Approval or denial will be emailed to the applicant email address listed on this application. For questions, send a detailed email to KYTC.KyELT@ky.gov.

Mail completed and signed form to:
Kentucky Transportation Cabinet
Department of Motor Vehicle Licensing
PO Box 1014
Frankfort, KY 40622-1014

(Check the appropriate box.) Applicant is a: [ ] KY Dealer [ ] lienholder

SECTION 1: APPLICANT INFORMATION

Form fields for Section 1: KY DEALER NAME OR LIENHOLDER NAME, DEALER # / FEIN #, STREET ADDRESS, CITY, STATE, ZIP, BUSINESS OWNER NAME, BUSINESS OWNER EMAIL, BUSINESS OWNER PHONE (w/area code), BUSINESS ALTERNATE CONTACT NAME, BUSINESS ALTERNATE CONTACT EMAIL, ALTERNATE PHONE (w/area code)

SECTION 2: APPLICANT PAYMENT AGREEMENT & SIGNATURE

By signing below, I agree to pay the \$150 application fee and annual registration fees to KYTC.

Printed Name of Business Owner/Representative Business Owner/Representative Signature Date

KYTC Use Only

MVL Application Review: [ ] Approved [ ] Denied Entity #

Printed Name of MVL Reviewer Signature of MVL Reviewer Date of Application Review

Reason for Denial:
Reason for Denial:
Reason for Denial:
Reason for Denial: