

**APPLICATION FOR CHARTER BUS PART
DIRECT PAY AUTHORIZATION**



Name of Applicant	Enter Legal Business Name _____ _____ Trade or DBA Name	Federal Employer Identification No. ____ - ____ - _____
Business Location	Principal Location Address _____ City _____ County _____ State _____ ZIP Code _____	
Mailing Address	Mailing Address _____ City _____ County _____ State _____ ZIP Code _____ () () Telephone Number _____ Fax Number _____ E-mail Address _____	
Account Information	Kentucky Account Numbers	
	Kentucky Sales Tax* _____ Kentucky Employer's Withholding _____ Kentucky Consumers Use Tax* _____ Kentucky Corporation Income _____ <i>(*Applicant must have one of these accounts to qualify.)</i> and License _____	
Other Information	<p>(1) Provide a brief description of the business activity. _____ _____ _____</p> <p>(2) Provide the applicant's USDOT Number. _____</p> <p>(3) Indicate below how many motor vehicles the applicant owns or leases that will qualify for the repair and replacement part exemption provided under KRS 139.480(31)(b). To qualify, the vehicle must be operating under a charter bus certificate issued by the Transportation Cabinet under KRS Chapter 281, or under similar authority granted by the United States Department of Transportation. Attach a copy of your certificate or other supporting documentation.</p> <p>Charter Buses _____</p> <p>(4) Business records must track the amount of charter bus repair and replacement parts purchased from a Kentucky vendor or from an out-of-state vendor for storage, use, or other consumption in this state. Attach a detailed description of the documentation maintained that reflects the proper amount of taxable purchases.</p>	

I hereby certify that the above statements are correct to the best of my knowledge and belief and that I am duly authorized to sign this application. I agree that, in consideration for issuance of this Charter Bus Part Direct Pay Authorization, I will directly report and pay to the Department of Revenue, the sales or use tax that would have been remitted to the department by my supplier had this Charter Bus Part Direct Pay Authorization not been issued.

Signature Title

Print Name Date

Mail to:
KY Department of Revenue
Division of Sales and Use Tax
P.O. Box 181, Station 67
Frankfort, KY 40602-0181