

Commonwealth of Kentucky
Department of Insurance
Division of Agent Licensing
PO Box 517, Frankfort, KY 40602-0517
(502) 564-6004
<http://insurance.ky.gov>

RENTAL VEHICLE LICENSE – SUPPLEMENTAL APPLICATION

RENTAL VEHICLE AGENT: _____ **FEIN:** _____
Name of Rental Vehicle Business Applicant Federal Employer Identification Number

| | BUSINESS LOCATION | | | | | MANAGING EMPLOYEE | | |
|------------|--------------------------|-----------------------|-------------|--------------|-----------------|--------------------------------------|--|--|
| | Registration | | | | | Assigned to Business Location | | |
| | Business Name | Street Address | City | State | Zip Code | Name | Received Pre-Licensing Training | |
| Yes | | | | | | | No | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
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Certification of Rental Vehicle Agent

As the authorized representative of the rental vehicle agent, I certify that all employees have received training required by KRS 304 Subtitle 9, that each managing employee has received pre-licensing training and has scored 70% or better on the examination, that all employees will receive approved continuing education, and that all information on the form is true and correct.

Signature Title Date
Telephone Number: _____ E-mail Address: _____

Certification of Managing Employee

I certify that I have completed the pre-licensing training required by KRS 304 Subtitle 9 and scored 70% or better on the pre-licensing examination required by KRS 304 Subtitle 9.

Signature Date
Social Security Number: _____

NOTE: Use one form per managing employee