



COMMONWEALTH OF KENTUCKY
TRANSPORTATION CABINET
transportation.ky.gov

FILED WITH FILE NO
TIME: 2:20 PM
MAY 30 2024
Emily B Caudill
REGULATIONS COMPILER

Andy Beshear
GOVERNOR

Jim Gray
SECRETARY

May 30, 2024

Senator Jimmy Higdon, Co-Chair
Representative John Blanton, Co-Chair
Interim Joint Committee on Transportation
c/o Emily Caudill, Regulations Compiler
Legislative Research Commission
083, Capitol Annex
Frankfort KY 40601

Re: 601 KAR 12:080. Drivers license or personal ID renewal or replacement for persons without an established and fixed nighttime residence.

Dear Co-Chairs Higdon and Blanton:

After further consideration of the issues raised by 601 KAR 12:080, the Transportation Cabinet, Department of Vehicle Regulation, proposes the attached Agency Amendment to 601 KAR 12:080 for the June 4, 2024 meeting of the Interim Joint Committee on Transportation.

Sincerely,

Jon Johnson

Jon Johnson, Assistant General Counsel
Kentucky Transportation Cabinet
Office of Legal Services
200 Mero Street, 6th Floor
Frankfort, KY 40622
(502) 564-7650
jon.johnson@ky.gov

Revised 5/30/2024, 12:35 p.m.

**AGENCY AMENDMENT for June 4, 2024 meeting of the
Interim Joint Committee on Transportation**

**TRANSPORTATION CABINET
Department of Vehicle Regulation
Division of Drivers Licensing**

601 KAR 12:080. Drivers license or personal ID renewal or replacement for persons without an established and fixed nighttime residence.

Page 1

RELATES TO

Line 7

After "186.4122," insert "186.531."

Page 1

STATUTORY AUTHORITY

Line 8

After "186.4122", insert ", 186.531".

Page 2

Section 2(1)

Line 1

After "(1)", insert the following:

(a) Until August 1, 2024,

Lowercase "All".

Lines 1-2

After "TC 94-199", insert ", 09/2023 edition,".

Line 4

After "issuance of an initial operator's license.", insert the following:

(b) Beginning August 1, 2024, all applicants who meet the definition of homeless individual shall complete form TC 94-199, 08/2024 edition, to renew an operator's license, receive a duplicate operator's license, or to receive an initial, renewal, or duplicate personal identification card. This form shall not be used for issuance of an initial operator's license.

Page 2

Section 3(1)(a)

Line 10

After "October 2023;" delete "and".

Page 2

Section 3(1)(b)

Line 11

After "September 2023", insert the following:

; and

(c) "TC94-199", August 2024

Changes to Material Incorporated by Reference

The new form, TC 94-199, August 2024 edition, retains the provisions of the existing form, TC 94-199, September 2023 edition, except for the following changes:

Page 1

Upper Right Corner

Edition Date

After "Rev.", insert "08/2024".

Delete "09/2023".

Page 1

Section 3

□ State ID

After " □ **State ID** for homeless individual", insert "(\$0)".

Delete the following:

(\$5.00 plus 1.5% debit card processing fee)

Page 1

Section 3

***An individual**

After "*" and before "An", insert "Indicates".

Lowercase "an".

After "comparable facility", delete the period.

Form with Amendments Shown



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF DRIVER LICENSING

TC 94-199
Rev. 09/2023
Page 1 of 1

08/2024

ADULT APPLICANT WITHOUT AN ESTABLISHED AND NIGHTTIME RESIDENCE

NOTE: This form is not for an applicant seeking an initial operator license, an initial instruction permit, or a Real ID.

SECTION 1: APPLICANT INFORMATION (Print.)

Full Legal Name _____ DOB: ____ / ____ / ____
MM DD YYYY

SECTION 2: ORGANIZATION INFORMATION (Print.)

According to our records, I _____
Printed Name of Attester

as representative of the _____
Printed Name of Agency

attest that the person listed above (applicant) does not have an established and nighttime residence.

This applicant is working to obtain proper identification. Our agency, which is located in the state of Kentucky, is providing treatment or services to this applicant. The applicant is approved to receive mail at the following address:

Street Address Apt # City State Zip Code

SECTION 3: IDENTIFICATION TYPE (Select the item you wish to purchase.)

My agency confirms the debit card on file with the Kentucky Transportation Cabinet (KYTC), _____
Last 4 Digits of Card

may be charged the assigned cost and applicable processing fee to provide this applicant the appropriate credential selected below.

(Check only one.)

- State ID for homeless individual ^(Free) [~~\$5.00 plus 1.5% debit card processing fee~~]
- Personal ID for individual who is not homeless* (\$11.50 plus 1.5% debit card processing fee)
- Renewal Driver's license for individual (\$21.50 plus \$1.5% debit card processing fee)
- Duplicate ID/DL for an individual who is not homeless* and has lost their card, and the card is not within six (6) months of the expiration date (\$15.00 plus 1.5% debit card processing fee)

Indicates an
* Individual who has a temporary address at a public shelter or other comparable facility

SECTION 4: CERTIFICATION

I certify this request is true and accurate to the best of my knowledge and ability. I understand the request may be denied or revoked by KYTC for violations or false statements.

ATTESTER SIGNATURE

DATE



ADULT APPLICANT WITHOUT AN ESTABLISHED AND NIGHTTIME RESIDENCE

NOTE: This form is not for an applicant seeking an initial operator license, an initial instruction permit, or a Real ID.

SECTION 1: APPLICANT INFORMATION (Print.)

_____ **DOB:** ____ / ____ / ____
Full Legal Name MM DD YYYY

SECTION 2: ORGANIZATION INFORMATION (Print.)

According to our records, I _____,
Printed Name of Attester

as representative of the _____,
Printed Name of Agency

attest that the person listed above (applicant) does not have an established and nighttime residence.

This applicant is working to obtain proper identification. Our agency, which is located in the state of Kentucky, is providing treatment or services to this applicant. The applicant is approved to receive mail at the following address:

_____ **Street Address** _____ **Apt #** _____ **City** _____ **State** _____ **Zip Code**

SECTION 3: IDENTIFICATION TYPE (Select the item you wish to purchase.)

My agency confirms the debit card on file with the Kentucky Transportation Cabinet (KYTC), _____,
Last 4 Digits of Card

may be charged the assigned cost and applicable processing fee to provide this applicant the appropriate credential selected below.

(Check only one.)

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I certify this request is true and accurate to the best of my knowledge and ability. I understand the request may be denied or revoked by KYTC for violations or false statements.

_____ **ATTESTER SIGNATURE**

_____ **DATE**