

## **Kentucky Transportation Cabinet Division of Motor Vehicle Licensing** APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE OR REGISTRATION

|                                                                                                                   | e of application desir                                                                   |                           | Γitle is: _   |              |                                       | Duplic        |                |             |                           |                         |                                        | ☐Firs     |            | □Salva        | •         | Classi       |  |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------|---------------|--------------|---------------------------------------|---------------|----------------|-------------|---------------------------|-------------------------|----------------------------------------|-----------|------------|---------------|-----------|--------------|--|
| Vehicle Identification Section                                                                                    |                                                                                          |                           |               |              | IFIED IN                              | ISPEC1        | OR SEC         | TION        |                           |                         |                                        |           |            |               |           |              |  |
|                                                                                                                   |                                                                                          |                           |               |              | I, (Certified Inspector – Print Name) |               |                |             |                           |                         |                                        |           |            |               |           |              |  |
| VIN                                                                                                               |                                                                                          | Make                      |               |              | of County, Phone No                   |               |                |             |                           |                         |                                        |           |            |               |           |              |  |
|                                                                                                                   |                                                                                          |                           |               |              | tify unde                             | er the pe     | enalty pro     | vision      | s of KF                   | RS 18                   | 6A.1                                   | 15(4)(c   | d) that I  | have ph       | iysica    | ılly         |  |
| Vana Bad                                                                                                          | inspected the vehicle described herein to be roadworthy and that the supporting document |                           |               |              |                                       |               |                |             |                           |                         |                                        |           | document   |               |           |              |  |
| Year Body Style Model Model No. Color                                                                             |                                                                                          |                           |               |              |                                       |               | e vehicle      |             |                           |                         |                                        |           |            |               |           |              |  |
| Mater No. Collin dans Truck Weight                                                                                |                                                                                          |                           |               |              | /EHICLE                               | HAS A         | NODON          | 1ETER       | REAL                      | DING                    | OF -                                   |           |            |               | - NC      | TENTH        |  |
| Motor No. Cylinders Truck Weight (if motorcycle)                                                                  |                                                                                          |                           |               |              | THE VEHICLE IDENTIFICATION NUMBER IS: |               |                |             |                           |                         |                                        |           |            |               |           |              |  |
| TITLE BRAND DISCLOSURE                                                                                            |                                                                                          |                           |               |              |                                       |               |                |             |                           |                         |                                        |           |            |               |           |              |  |
| Check appropriate block if: ☐ Rebuilt Vehicle ☐Water Damage                                                       |                                                                                          |                           |               |              | ECTION                                | REQUE         | ESTED          |             |                           |                         |                                        |           |            |               |           |              |  |
| If block is checked and title does not include brand, provide jurisdiction and title number if previous brand was |                                                                                          |                           |               |              | OWNER DRIVER LICENSE NO. & STATE      |               |                |             |                           |                         |                                        |           |            |               |           |              |  |
| issued.                                                                                                           | and title number                                                                         | ii previous brai          | nd was        | OWN          | ER DRIV                               | ER LIC        | ENSE N         | D. & S      | TATE                      |                         |                                        |           |            |               |           |              |  |
| issueu.                                                                                                           |                                                                                          |                           |               | CERT         | IFIFD IN                              | ISPECT        | TOR'S SI       | GNATI       | IRF                       |                         |                                        | INSPE     | CTOR       | NO            |           | DATE         |  |
| 49 USC Soc 3                                                                                                      | 32705 and KRS 190.300 re                                                                 | ODOMETER DISCL            |               | *CAUTIO      | N READ CA                             | AREFULL       | Y BEFORE       | YOU CH      | ECK A                     |                         |                                        |           |            |               | finae a   |              |  |
| or imprison                                                                                                       | ment. I certify to the bes                                                               | st of my knowledge        | that the o    | dometer re   | eading is tl                          | he actual     | mileage of     | the vehi    | cle unle                  | ss one                  | of the                                 | followir  | ng statem  | ents is ch    | ecked.    | iiu          |  |
| (no tenths) Ddometer Reading                                                                                      |                                                                                          | ☐1. The mile ☐2. The odor |               |              |                                       |               |                | ING – C     | DOME                      | ETER D                  | DISCE                                  | REPAN     | CY.        |               |           |              |  |
| Ü                                                                                                                 |                                                                                          |                           |               | •            |                                       |               | De-in inf      |             |                           |                         |                                        |           |            |               |           |              |  |
| Sale Price \$                                                                                                     |                                                                                          | Trade In \$               |               |              | Net Cost \$                           |               |                |             |                           |                         | Ta                                     | ax\$      |            |               |           |              |  |
|                                                                                                                   | Make                                                                                     | Year                      | V/INL NI      |              |                                       |               |                |             |                           |                         | Ti                                     | tle No.   |            |               |           |              |  |
|                                                                                                                   | Make                                                                                     | Year                      | VIN No        |              |                                       |               |                |             |                           |                         | _                                      | tle No.   |            |               |           |              |  |
| AME OF SELLER DEALER N                                                                                            |                                                                                          |                           | О.            |              | NAME OF OWNER/BUYER KY DI             |               |                |             |                           |                         | DL#, KY ID#, S.S.#, or FEIN BIRTH DATE |           |            |               |           |              |  |
| REET ADDRESS PHONE N                                                                                              |                                                                                          |                           | 0.            |              | NAME OF OWNER/BUYER KY DL#,           |               |                |             |                           |                         | _#, KY I                               | D#, S.S.; | #, or FEIN | l BIF         | RTH DATE  |              |  |
| CITY                                                                                                              | COUNTY STATE                                                                             |                           |               | <b>D</b>     |                                       | S1            | STREET ADDRESS |             |                           |                         |                                        |           |            |               | PHONE NO. |              |  |
| EMAIL ADDRESS                                                                                                     |                                                                                          |                           |               |              |                                       | CI            | TY             |             |                           | С                       | OUN                                    | TY        |            | STATE         | ZIF       | <del>)</del> |  |
|                                                                                                                   | not) applied for a loan                                                                  |                           |               |              |                                       | in and if     |                | /ill) (□    |                           | t) apply                | for a                                  | loan w    | ithin 30 d | days of th    | is app    | olication.   |  |
| ESSEE NAME OR OTHER KY DL#, KY ID#, S.S.#, or FEIN E                                                              |                                                                                          |                           | BIRTH D       | ATE          | FIR                                   | ST LIENH      | OLDER          |             |                           |                         |                                        |           |            |               |           |              |  |
| ESSEE ADDRESS                                                                                                     |                                                                                          |                           |               |              |                                       | ADI           | DRESS          |             |                           |                         |                                        |           |            |               |           |              |  |
| CITY                                                                                                              | COUNTY                                                                                   | ' STAT                    | TE ZIP        |              |                                       | CO            | UNTY LIE       | N ТО ВІ     | FILE                      | O IN                    |                                        |           |            |               |           |              |  |
| SELLER'S SIGNATI                                                                                                  | JRE                                                                                      |                           |               |              |                                       | OW            | NER/BUY        | ER(S) S     | SIGNAT                    | TURE(                   | 3)                                     |           |            |               |           |              |  |
| SELLER'S SIGNATI                                                                                                  | JRE                                                                                      | DA                        | ATE OF T      | RANSFE       | R                                     | OW            | NER/BUY        | ER(S) S     | SIGNAT                    | TURE(                   | S)                                     |           |            |               |           |              |  |
| Attesting Official                                                                                                |                                                                                          | Tit                       | le            |              |                                       | Atte          | sting Official |             |                           |                         |                                        |           |            | Title         |           |              |  |
| Sworn or affirmed befor                                                                                           | e me this day                                                                            | of                        | 20            |              |                                       | Swo           | rn or affirme  | d before    |                           |                         |                                        |           |            | 2             |           |              |  |
| /ly commission #:                                                                                                 |                                                                                          | Expiration:               |               |              | <br>TY CLER                           |               | commission :   | #:          |                           |                         |                                        | Exp       | iration:   |               |           |              |  |
| TYPE APPLICATION                                                                                                  |                                                                                          | DATE OF ISSUAN            | CE            | 2001         |                                       | TITLE NO      |                |             |                           |                         | -                                      | PLATE NO  |            |               |           |              |  |
| certify subject to the penalt                                                                                     | y provisions of KRS 190.990(5) at fees were collected as indicated                       | that I have reviewed this | application a | nd the docur | nents support<br>as been entere       | ing it and th | at the same ar | e present a | and consistant cation sys | stent with<br>tem (AVIS | this ap                                |           |            | d the applica | tion on t | he date and  |  |

SIGNATURE & TITLE OF ISSUER

COUNTY
I certify that the lien indicated to be filed has been noted into the automated system and that a title will be withheld for 30 days, or until financing statement and fees required are received, whichever occurs first.

Signature

Date