



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

TC 96-182
10/2015

APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE OR REGISTRATION

Check the type of application desired [ ] Duplicate [ ] Title Only [X] Transfer [ ] First Time [ ] Salvage [ ] Classic
If Duplicate is checked, the original Certificate of Title is: [ ] Lost [ ] Destroyed [ ] Damaged [ ] Illegible [ ] Other

Vehicle Identification Section: 1G8ZK5276TZ163879 SATURN
VIN 1996 4D SL2 GLD
Year 1996 Body Style 4D Model SL2 Model No. GLD Color
Motor No. Cylinders Truck Weight
CERTIFIED INSPECTOR SECTION
I, (Certified Inspector - Print Name)
of County, Phone No.
do certify under the penalty provisions of KRS 186A.115(4)(d) that I have physically inspected the vehicle described herein to be roadworthy and that the supporting documents are consistent with the vehicle description.
THE VEHICLE HAS AN ODOMETER READING OF NO TENTHS
THE VEHICLE IDENTIFICATION NUMBER IS:
INSPECTION REQUESTED BY
OWNER DRIVER LICENSE NO. & STATE
CERTIFIED INSPECTOR'S SIGNATURE INSPECTOR NO. DATE

ODOMETER DISCLOSURE \*\*\*\*CAUTION READ CAREFULLY BEFORE YOU CHECK A BLOCK\*\*\*\*
49 USC Sec. 32705 and KRS 190.300 require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.
87563 (no tenths) Odometer Reading
[ ] 1. The mileage stated is in excess of its mechanical limits.
[ ] 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

TOTAL CONSIDERATION AND TRADE-IN INFORMATION
Sale Price \$ 2500.00 Trade In \$ Net Cost \$ Tax \$

09/01/18 Date of Sale
Table with columns: Make, Year, VIN No., Title No.
Seller and buyer certify pursuant to the penalty provisions of KRS 190.990(5) that each has supplied true and correct total consideration information to the best of their knowledge and belief in this document, including the above affidavit.

JOINT OWNERSHIP: [ ] OR [ ] AND NOTE: If neither box is checked the Title Transfer shall require both signatures
SMITH, JOHN NAME OF SELLER DEALER NO.
501 HIGH STREET STREET ADDRESS 859-000-2000 PHONE NO.
FRANKFORT FRANKLIN KY 40602 CITY COUNTY STATE ZIP
EMAIL ADDRESS
DOE, JANE 00000000 08 NAME OF OWNER/BUYER S.S.#, KyDL#, or Govt. issued # BIRTH MO.
123 MAIN STREET STREET ADDRESS 859-000-0000
LEXINGTON FAYETTE KY 40507 CITY COUNTY STATE ZIP
JANE.DOE@EMAIL.COM EMAIL ADDRESS

I [ ] (have) [X] (have not) applied for a loan in connection with the vehicle described herein and if not, I [ ] (will) [X] (will not) apply for a loan within 30 days of this application.
LESSEE NAME OR OTHER FIRST LIENHOLDER
LESSEE ADDRESS ADDRESS
CITY COUNTY STATE ZIP COUNTY LIEN TO BE FILED IN
SELLER'S SIGNATURE OWNER/BUYER(S) SIGNATURE(S)
John Smith John & Public
Attesting Official Subscribed and attested before me this 24 day of 09 20 18
My commission expires 12/31/2018

COUNTY CLERK USE ONLY
TYPE APPLICATION DATE OF ISSUANCE TITLE NO. PLATE NO.
I certify subject to the penalty provisions of KRS 190.990(5) that I have reviewed this application and the documents supporting it and that the same are present and consistent with this application; that I received the application on the date and time indicated hereon and that fees were collected as indicated. I further certify that the required information has been entered into the automated vehicle identification system (AVIS).

SIGNATURE & TITLE OF ISSUER COUNTY DATE
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
DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS. MUST BE COMPLETED IN BLUE OR BLACK INK IF NOT COMPLETED ON-LINE.