Transportation Cabinet Division of Motor Vehicle Lice Frankfort, Kentucky 40622		eplacement-County: _		TC 96-167 Rev. 4/92
I CERTIFY THAT MY	Certificate of Title Certificate of Registration Registration Plate Certificate Certificat	HAS BEEN	Lost Stolen Destroyed Other (Describe)	County Change Rusted
I hereby request a replace Plate or Decal Number	ement for Title, Registration	Signature of Owne	/	I.D.(Soc. Sec. # D.L. #)
WARNING: KRS 186A.990 states that any information in connection with titling shall be guilty of forgery	an application for registration or	Signature of Owner Address 123 MAIN STREET City, State, Zip LEXINGTON,		I.D.(Soc. Sec. # D.L. #)
Subscribed and sworn to befo	re me this Olday	otary for Replacement of O9	20 <u>O</u> . My comm	nission expires 12 31 201
Title / Regis CTL#	Affidavit for Non-Exch	ange-County:		
I certify based upon the follow or Registration action PL that the License Plate assign currently registered in the action because of the follow	wing title action Repo 🗖 T Repl 🗖 Veh. Typ. Con aed to the motor vehicle herein.	nv 🔲 Wt. Chg 🔲 Re VINPl	egis. Conv 🗖 — F ate	Title Only Transfer Renew Conv Regis Can Decal described and ats related to the aforementioned
Lost Stolen	Destroyed Special Pl	ate Out of State	Other	/
Signature - Authorized Rep Company / Dealership	I.D.(Soc. Sec. # I	D.L. #) Signature - C)wner	I.D.(Soc. Sec. # D.L. #)
Address		City, State, Zip		
City, State, Zip		THE PARTY OF THE P		
	No	otary for Non-Exchange		
Subscribed and sworn to before	re me this day	of,	19	
		Title	My comm	nission expires