KENTUCKY TRANSPORTATION CABINET
Division of Motor Vehicle Licensing
P.O. Box 2014
Frankfort, KY 40622

TC 96-169
Rev. 05/07

Application for Vehicle Identification Number

Name of Owner _____ Kind of Vehicle _____
(Passenger Car – Truck – Motorcycle – Trailer)

Address _____ Make of Vehicle _____
(No. and Street or Rural Route, City or P.O., State)

County of Residence _____ Year _____ Model _____ Body Style _____ Motive Power _____

Last licensed by present owner in _____ _____ _____
(County and State) *(License No.)* *(Year)*

If not previously licensed by present owner, procured from _____ Dimensions _____
(Name of Person or Firm Selling Vehicle to Owner)

Address of Seller _____ Date Procured _____
(No. and Street or Rural Route, City or P.O., State)

The undersigned licensee swears (or affirms) that he /she is the owner of the vehicle described herein and that there is no legible vehicle identification number and requests that the Transportation Cabinet assign a vehicle identification number for this vehicle.

Subscribed and sworn to before me this

_____ day of _____ , 20 _____.

_____
Owner's Signature

(Signed) _____

(Title) _____

My commission expires _____

Number Assigned _____ (Signed) _____
(For Transportation Cabinet)