

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

Check the type		_ Duplicate	☐Title O	nly	□Tran	sfer	□Firs	t Tim	ne [Salva	ge	□Cla	assic					
If Duplicate is cl		_	Destro	yed	□Dam	aged	□Ille	gible	, 🗆	Other	•							
Vehicle Identifi	CERTIFIED INSPECTOR SECTION																	
	I, (Certified Inspector – Print Name)																	
VIN	of County, Phone No																	
		under the penalt		-														
				inspected	the vehicle desc	cribed here	in to	be road	dwortl	hv and	, that	the s	upport	ina (docur	nents		
Year Body Style Model Model No. Color				· ·	tent with the vel					.,								
		CLE HAS AN O		•		OF -					NIC	TEN	ZHTL					
Motor No.		CLE IDENTIFIC				01 -					140) I L I V	11110					
(if motorcycle)		CLL IDENTIL IC		OIVID	LIX 13.	1	1					1	т —					
TITLE BRAND																		
Check appropriate		ON REQUESTE	ED															
If block is checked	BY																	
jurisdiction	OWNER DRIVER LICENSE NO. & STATE																	
issued.	CEDILLIE	D INCOCTOR	'C CICNIAT	LIDE			INCOL	-СТ					ATE					
				****CAUTION R	D INSPECTOR EAD CAREFULLY B	SEFORE YOU	CHEC	K A BLO	CK****	INSPE						AIE		
49 USC Sec. or imprison	32705 and KRS 190.300 nment. I certify to the be	require that you sta	te the mi	leage upon tran odometer read	sfer of ownership. I	Failure to con leage of the v	nplete ehicle	or provid	ding a f	alse sta he follov	temen	it may r	esult in nts is cl	fines necke	and ed.			
(no tenths)	•				s of its mechanica													
Odometer Reading				ŭ	ne actual mileage.				R DIS	CREPA	NCY.							
Cala Daiaa A			L CON	SIDERATIO	N AND TRADE		MAT	ION	1 -	(—		
Sale Price \$		Trade In \$			Net Cost	. \$			1	ax \$								
Date of Sale	Make	Year	VIN N	0.					Tit	tle No.								
	Make	Year	VIN N	0.	1.							Title No.						
Seller and buyer certify	pursuant to the penalty provisi	ons of KRS 190.990(5),t	hat each has	s supplied true and	correct total consideration	n information to the	ne best	of their know			n this do	ocument,	including	the abo	ove affida	avit.		
JOINT OWNERS	HIP: G	R 🗌 AND		NOTE: If n	either box is c	hecked th	e Tit	le Tran	sfer s	shall r	equi	re bot	h sigi	natu	ıres.			
NAME OF SELLER DEALER				NO.	NAME	OF OWNER	R/BUY	/ER	S.S	.#, KyD	L#, o	r Govt.	issued	#	BIRTH	I MO.		
STREET ADDRESS PHONE				NO.	NAME	OF OWNER	R/BUY	/ER	S.S	.#, KyD	L#, o	r Govt.	issued	#	BIRTH	I MO.		
CITY COUNTY STATE Z			ZIP	STRE	ET ADDRE	SS			PHONE NO.									
EMAIL ADDRESS				CITY				COL	JNTY			STAT	Ē	ZIP				
					EMAIL	L ADDRESS	3					—						
I (□have) (□have	not) applied for a loar	n in connection wi	ith the ve	hicle describe	d herein and if not	t, I (🗌 will) (□ wil	ll not) ap	ply for	a loan	withi	n 30 da	ys of t	nis a	pplica	tion.		
LEGGEE NAME OF	OTHER				- FIDOT	LIENILIOLE												
LESSEE NAME OR	OTHER				FIRST	LIENHOLD	EK											
LESSEE ADDRESS					ADDRI	ESS												
CITY	COUNT	Y STA	ATE Z	IP	COUN	TY LIEN TO	BE F	ILED IN	l									
					<u></u>													
SELLER'S SIGNAT	URE				OWNE	R/BUYER(S	S) SIG	SNATUR	E(S)									
SELLER'S SIGNAT	IIDE	Г	ATE OF	TRANSFER	OWNE	R/BUYER(S	s) SIG	NIATIIR	F(S)									
SELLEN S SIGNAT	OKE	L	AILOI	TIVANOI LIV	OWNL	IVDOTEIN	3) 310	JIVA I OIX	.L(3)									
Attesting Official		•	itle			g Official			-				Title					
	d before me this			20	_	bed and attest mission #:					ay of _				20			
My commission #:		Expiration:		COUNTY	_ My com CLERK USE OI						xpirati	JII						
TYPE APPLICATION		DATE OF ISSUANO	CE		TITLE NO.					PLATE N	IO.							
	ty provisions of KRS 190.990(5				s supporting it and that the en entered into the autor					application	; that I	received	the applic	ation o	n the dat	te and		
time indicated hereon and t	nat lees were collected as much	ateu. I fulfilei certify tilai																