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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | KENTUCKY TRANSPORTATION CABINET  Department of Vehicle Regulation  **DIVISION OF MOTOR CARRIERS** | | | | | | | | | TC 95-628  Rev. 05/2018  Page 1 of 1 |
| **AFFIDAVIT FOR REPLACEMENT OF PASSENGER CREDENTIALS** | | | | | | | | | | | |
| **MAIL TO:**  PO Box 2007, Frankfort KY 40602‐2007  Phone (502) 564‐1257  <http://transportation.ky.gov/Motor>‐Carriers | | | | | | | | | | | |
| **SECTION 1: CREDENTIAL REQUEST** | | | | | | | | | | | |
| **I CERTIFY THAT MY** Registration Plate **IS** Lost  Decal Stolen  Destroyed Rusted  Other *(describe)* | | | | | | |  | | | | |
|  | | | | |
| **SECTION 2: OWNER INFORMATION** | | | | | | | | | | | |
| I hereby request a replacement registration plate or decal unit # | | | | |  | | | | | | |
|  | | | | | | |
| **COMPANY NAME** | | | | | | | | **PASSENGER OR CERTIFICATE #** | | | |
| **ADDRESS** | | | | | | | | | | | |
| **CITY** | | | | **STATE** | | **ZIP** | | | | **COUNTY** | |
| **SECTION 3: SIGNATURE AUTHORIZATION** | | | | | | | | | | | |
| **PRINT NAME** | | | **TITLE** | | | | | | | | |
| **SIGNATURE** | | | | | | | | | **DATE** | | |
| **SECTION 4: NOTARIZATION** *(required)* | | | | | | | | | | | |
| **State of** |  | | | | | | | | | | |
| **County of** |  | | | | | | | | | | |
| Subscribed and sworn before me on this the day of , 20 .  **Notary Public**  **My commission expires** . | | | | | | | | | | | |
| **IMPORTANT INFORMATION** | | | | | | | | | | | |
| Any person who violates any of the provisions set forth in KRS 281 shall be guilty of the penalties found in KRS 281.990. | | | | | | | | | | | |