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| **Mail to:** PO Box 2014, Frankfort KY 40622-2014 |
| **INSTRUCTIONS** |
| 1. Use this form to request a Temporary Registration Placard in compliance with KRS 186.072 or KRS 186.073.
2. Requests must be submitted by the manufacturer, dealer, distributor, contract transporter, or by the owner of the commercial motor vehicle or commercial trailer.
3. Complete all requested information and mail, along with payment, to the Division of Motor Vehicle Licensing; or the application and payment may be dropped off at the Transportation Cabinet’s One-Stop-Shop, 200 Mero Street, Frankfort KY 40622, Monday through Friday from 8:00 am through 4:00 pm EST. Allow 2 to 3 business days for processing. For holiday closures, please contact our office at (502) 564-1257.
4. The fees are $100.00 for a commercial motor vehicle and $5.00 for a commercial trailer.
5. Submit a check or money order payable to the Kentucky State Treasurer.
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| **SECTION 1: COMMERCIAL TEMPORARY TRAILER APPLICANT INFORMATION** |
| **NAME OF OWNER/TRANSPORTER**      | **VEHICLE YEAR**      | **VEHICLE MAKE**      |
| **VEHICLE INDENTIFICATION NUMBER (VIN) OR SERIAL #**      |
| **PLACARD IDENTIFICATION #**      | **CURRENT VEHICLE TITLE #***(if any)*      |
| **DRIVER LICENSE #**      | **STATE**      | **PHONE**      |  |  |  |  |  |  |
| **SIGNATURE** *(Applicant)* | **DATE** |  |  |  |  |  |  |
| **SECTION 2: COMMERCIAL TEMPORARY MOTOR VEHICLE APPLICANT INFORMATION** |
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| **NAME OF OWNER/TRANSPORTER**      | **VEHICLE YEAR**      | **VEHICLE MAKE**      |
| **VEHICLE INDENTIFICATION NUMBER (VIN) OR SERIAL #**      |
| **PLACARD IDENTIFICATION #**      | **CURRENT VEHICLE TITLE #***(if any)*      |
| **DRIVER LICENSE #**      | **STATE**      | **PHONE**      |
| **SIGNATURE** *(Applicant)* | **DATE** |

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| **FOR MVL USE ONLY** |
| **DATE ISSUED** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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