**AFFIDAVIT FOR REPLACEMENT OR NON-EXCHANGE**

KRS 186A.990 states: Any person knowingly giving false information in connection with an application or title shall be guilty of forgery in the second degree.

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| --- |
| When making application for a duplicate title on a vehicle, please use TC 96-182, *Application for Title or Registration.* |

|  |  |
| --- | --- |
| ***Affidavit for Replacement County:*** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I CERTIFY THAT MY** | Certificate of Registration | | | | | **IS** | Lost | | | | | | |
|  | Registration Plate | | | | |  | County Change | | | | | | |
|  | Decal | | | | |  | Stolen | | | | | | |
|  |  | | | | |  | Destroyed | | | | | | |
|  |  | | | | |  | Rusted | | | | | | |
|  |  | | | | |  | Other |  | | | | | |
|  |  | | | | |  |  | | *Describe* | | | | |
| I hereby request a replacement for Registration Certificate, Registration Plate, or Decal # | | | | | | | | |  | | | | |
|  | |  | | |  |  | | | | |  | | |
| *Owner(s) Name* | | *ID (SSN or DL#)* | | |  | *Owner(s) Name* | | | | | *ID (SSN or DL#)* | | |
|  | | | | |  |  | | | |  | |  | |
| *Street Address* | | | | |  | *City* | | | | *State* | | *Zip* | |
|  | | | |  |  | | | | | | | | |
| *Signature* | | | *Date* |  | *Signature* | | | | | | | | *Date* |

|  |  |
| --- | --- |
| ***Affidavit for Non-Exchange County:*** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title or Registration CTL # | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| **I CERTIFY BASED ON THE** | | | | Repo | | | | | | | **OR REGISTRATION ACTION** | | | | | | | | Plate Replacement | | | | | |
| **FOLLOWING TITLE ACTION:** | | | | Junked Vehicle | | | | | | |  | | | | | | | | Vehicle Type Conversion | | | | | |
|  | | | | Salvage Title | | | | | | |  | | | | | | | | Registration Conversion | | | | | |
|  | | | | Title Only Transfer | | | | | | |  | | | | | | | | Registration Cancel | | | | | |
|  | | | |  | | | | | | |  | | | | | | | |  | | | | | |
| that the **License Plate** assigned to the motor vehicle or owner herein: | | | | | | | | | | | | | | | | | | |  | | | | | |
| VIN |  | | | | | | | | | | | | | | | Plate | | |  | | | | | |
| and Decal | |  | | | | | described and currently registered in the Commonwealth of Kentucky does not | | | | | | | | | | | | | | | | | |
| accompany the associated documents related to the aforementioned action because of the following non-exchange | | | | | | | | | | | | | | | | | | | | | | | | |
| reason: | | | Lost | | Special Plate | | | | | |  | | | | | | | | | | | | | |
|  | | | Stolen | | Out of State | | | | | |  | | | | | | | | | | | | | |
|  | | | Destroyed | | Other | | | | | |  | | | | | | | | | | | | | |
|  | | | | |  | | | | | | *Describe* | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | |  | |  | | | | | |  | | | |
| *Name of Company or Dealership* | | | | | | | | | *ID (SSN or DL#)* | | | |  | | *Owner(s) Name* | | | | | | *ID (SSN or DL#)* | | | |
|  | | | | | | | | | | | | |  | |  | | | | | | | | | |
| *Lending Institution* | | | | | | | | | | | | |  | | *Street Address* | | | | | | | | | |
|  | | | | | | | | | | | | |  | |  | | | | | | |  | |  |
| *Street Address* | | | | | | | | | | | | |  | | *City* | | | | | | | *State* | | *Zip* |
|  | | | | | | | |  | |  | | |  | |  | | | | | | |  | | |
| *City* | | | | | | | | *State* | | *Zip* | | |  | |  | | | | | | | | | |
|  | | | | | | | | | | | | |  | |  | | | | | | | | | |
| *Signature of Authorized Representative* | | | | | | | | | | | | |  | | *Owner’s Signature* | | | | | *Date* | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Notary for Replacement or Non-Exchange** | | | | | | | | | | | | | | | | | | | | | | | | |
| Subscribed and attested before me on this date | | | | | |  | | | | | |  | | My commission #: | | | |  | | | | |
|  | | | | | | MM DD YYYY | | | | | |  | |  | | | |  | | | | |
|  | | | | | |  | | | | | |  | | My commission expires: | | | |  | | | | |
|  | | | | | | | | | | | |  | |  | | | | MM DD YYYY | | | | |
| Attesting Official or Notary Signature and Title | | | | | | | | | | | |  | |  | | | |  | | | | |