**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.

|  |
| --- |
| 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 |  |  |  |