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| |  | | --- | | **INSTRUCCIONES:** Complete esta solicitud, adjunte la documentación requerida según lo solicitado y envíela a la oficina del Secretario del Condado en su condado de residencia. La información del secretario del condado se puede acusar en https: //drive.ky.gov/Pages/County-clerks.aspx. Todos los documentos se pueden entregar en la Ventanilla Única del Gabinete de Transporte de Kentucky, Sección de Soporte Reconstruido, 200 Mero Street, Frankfort KY 40622. Se requiere la firma del solicitante y la certificación notarial del documento.  Las solicitudes enviadas en persona a One Stop Shop no se procesarán ese día hábil. Adjunte los documentos requeridos según sea necesario.   * Prueba de propiedad (conforme a 601 KAR 9:200); Una prueba notariada aceptable de la bondad es un título, factura de venta, registro, declaración jurada de propiedad u orden judicial. * Prueba de propiedad reconstruida (conforme a 601 KAR 9:200) **NOTA:** Si el vehículo o bote no tiene un número de identificación del vehículo (VIN/HIN), Se requiere un mínimo de cinco (cinco) años de propiedad antes de solicitar un VIN / HIN.   Si solicita una placa VIN para un título de **proyecto clásico**, marque esta casilla.  Si solicita un VIN para un **remolque hecho en casa**, proporcione una copia de los recibos de las piezas utilizadas y una declaración notificada que explique dónde se originaron las piezas. | | **SECCIÓN 1: INFORMACIÓN DEL PROPIETARIO / SOLICITANTE** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NOMBRE** | **CONDADO DE RESIDENCIA** | | **CORREO ELECTRONICO** | | | **DIRECCIÓN** (*calle o ruta rural*) | **ciudad** | **ESTADO** | **CÓDIGO POSTAL** | **TELÉFONO** |  |  | | --- | | **SECCIÓN 2: INFORMACIÓN DEL VEHÍCULO O BOTE** |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **TIPO DE VEHICULO:** | Coche de pasajeros | | Camioneta | Motocicleta | | Remolque | Barco | | Otra/o | | **MARCA** | | **AÑO** | **MODELO** | | **ESTILO** | | | **DIMENSIONES DEL REMOLQUE** | | | **NOMBRE** (*último registro conocido*) | | | **CONDADO** | | **PLACA #** | | | **AÑO** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DIRECCIÓN** (*calle o ruta rural*) | **ciudad** | **ESTADO** | **CÓDIGO POSTAL** | **TELÉFONO** |  |  | | --- | | **SECCIÓN 3: INFORMACIÓN DEL VENDEDOR** |  |  |  |  | | --- | --- | --- | | **NOMBRE** | **RAZÓN DE LA NO EXISTENCIA DE VIN** | **FECHA DE VENTA** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DIRECCIÓN** (*calle o ruta rural*) | **ciudad** | **ESTADO** | **CÓDIGO POSTAL** | **TELÉFONO** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NOMBRE** (*persona en posesión de vehículo*) | **UBICACIÓN** (*lugar donde el inspector certificado de Kentucky puede inspeccionar el vehículo*) | | | | | **DIRECCIÓN** (*persona en posesión del vehículo*) | **ciudad** | **ESTADO** | **CÓDIGO POSTAL** | **TELÉFONO** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **SECCIÓN 4: FIRMA Y NOTARIZACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | El propietario abajo firmante certifica que él o ella es el propietario del vehículo / bote descrito en este documento y que no hay un número  legible de identificación del vehículo / bote y solicita que el Gabinete de Transporte asigne un VIN / HIN para este vehículo o embarcación. | | | | | | | | | | | | | | | | | | | | | | | | | | | FIRMA (*solicitante*) |  | | | | | | | | | |  | | FECHA | |  | | | | | | | | |  |  | | Suscrito y certificado ante mí esta fecha | | |  | / |  | | / |  | | . | | Mi comisión expira | | | | | |  | / |  | / |  | . | |  | |  | | |  |  |  | |  |  | |  | |  | | | | | |  |  |  |  |  |  | |  | |  | | |  |  |  | |  |  | |  | | Mi comisión # | | | | |  | | | | | | | |  | | Certificación de la firma y el título del funcionario / notario | | | | | | | | |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | |  | | **SOLO PARA USO DE MVL** **:** | | Número asignado | | | |  | | | | | | | |  | Firma |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |