|  |
| --- |
| Check the type of application desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Duplicate [ ] Title Only [ ] Transfer [ ] First Time [ ] Salvage [ ] Classic If Duplicate is checked, the original Certificate of Title is: \_\_\_\_\_\_\_\_\_\_\_\_ [ ] Lost [ ] Destroyed [ ] Damaged [ ] Illegible [ ]  Other |
| **Vehicle Identification Section**

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

VIN Make

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

Year Body Style Model Model No. Color

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

 Motor No. Cylinders Truck Weight(if motorcycle) | **CERTIFIED INSPECTOR SECTION**I, (Certified Inspector – Print Name) of County, Phone No. do certify under the penalty provisions of KRS 186A.115(4)(d) that I have physically inspected the vehicle described herein to be roadworthy and that the supporting documents are consistent with the vehicle description.THE VEHICLE HAS AN ODOMETER READING OF NO TENTHS**THE VEHICLE IDENTIFICATION NUMBER IS:**

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

INSPECTION REQUESTEDBY OWNER DRIVER LICENSE NO. & STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CERTIFIED INSPECTOR’S SIGNATURE INSPECTOR NO. DATE |
| **TITLE BRAND DISCLOSURE**Check appropriate block if: [ ]  Rebuilt Vehicle [ ] Water DamageIf block is checked and title does not include brand, provide jurisdiction       and title number       if previous brand was issued. |

**ODOMETER DISCLOSURE \*\*\*\*CAUTION READ CAREFULLY BEFORE YOU CHECK A BLOCK\*\*\*\***

**49 USC Sec. 32705 and KRS 190.300 require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and**

**or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.**

      (no tenths) [ ] 1. The mileage stated is in excess of its mechanical limits.

Odometer Reading [ ] 2. The odometer reading is not the actual mileage. **WARNING – ODOMETER DISCREPANCY.**

**TOTAL CONSIDERATION AND TRADE-IN INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Sale Price $       | Trade In $       | Net Cost $       | Tax $       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Make       | Model       | Year       | VIN No.       | Title No.      |
| Make       | Model       | Year       | VIN No.       | Title No.        |

|  |
| --- |
|       |

 Date of Sale

Seller and buyer certify pursuant to the penalty provisions of KRS 190.990(5),that each has supplied true and correct total consideration information to the best of their knowledge and belief in this document, including the above affidavit.

**JOINT OWNERSHIP:** **[ ]  OR** **[ ]  AND NOTE: If neither box is checked the Title Transfer shall require both signatures.**

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

NAME OF SELLER DEALER NO. NAME OF OWNER/BUYER KY DL#, KY ID#, S.S.#, or FEIN BIRTH DATE

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

STREET ADDRESS PHONE NO. NAME OF OWNER/BUYER KY DL#, KY ID#, S.S.#, or FEIN BIRTH DATE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |  |       |       |
| CITY | COUNTY | STATE | ZIP |  | STREET ADDRESS | PHONE NO. |
|       |  |  |  |       |       |       |       |
| EMAIL ADDRESS |  |  |  |  | CITY | COUNTY | STATE | ZIP |

|  |  |
| --- | --- |
|       |  |

 EMAIL ADDRESS

**I (****[ ] have) (****[ ] have not) applied for a loan in connection with the vehicle described herein and if not, I (****[ ]  will) (****[ ]  will not) apply for a loan within 30 days of this application.**

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

LESSEE NAME OR OTHER KY DL#, KY ID#, S.S.#, or FEIN BIRTH DATE FIRST LIENHOLDER

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

LESSEE ADDRESS ADDRESS

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

CITY COUNTY STATE ZIP COUNTY LIEN TO BE FILED IN

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

SELLER’S SIGNATURE OWNER/BUYER(S) SIGNATURE(S)

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

SELLER’S SIGNATURE DATE OF TRANSFER OWNER/BUYER(S) SIGNATURE(S)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attesting Official Title Attesting Official Title

Sworn or affirmed before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_ Sworn or affirmed before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_

My commission #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTY CLERK USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE APPLICATION | DATE OF ISSUANCE | TITLE NO. | PLATE NO. |

I certify subject to the penalty provisions of KRS 190.990(5) that I have reviewed this application and the documents supporting it and that the same are present and consistent with this application; that I received the application on the date and time indicated hereon and that fees were collected as indicated. I further certify that the required information has been entered into the automated vehicle identification system.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE & TITLE OF ISSUER COUNTY DATE

I certify that the lien indicated to be filed has been noted into the automated system and that a title will be withheld for 30 days, or until financing statement and fees required are received, whichever occurs first.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO NOT ACCEPT TITLE OR APPLICATION SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS. MUST BE COMPLETED IN BLUE OR BLACK INK IF NOT COMPLETED ON-LINE.**