

TRANSPORTATION CABINET

Kentucky Transportation Cabinet **Division of Motor Vehicle Licensing** APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE OR REGISTRATION

DATE

		ertificate of Ti	tie is:							Transf Dama	ged 🔲 II) (] Othe			
Vehicle Identificatio	on Section		C	CERTI	IFIED INS	SPECTOR S	ECTI	ON									
					I, (Certified Inspector – Print Name)												
VIN Make				of County, Phone No													
	d	do certify under the penalty provisions of KRS 186A.115(4)(d) that I have physically															
			ir	nspect	ted the ve	ehicle descr	ibed h	nerein	to be	roadv	vorthy ar	nd that	t the s	uppor	ing do	cument	
Year Body Style Model Model No. Color					inspected the vehicle described herein to be roadworthy and that the supporting document are consistent with the vehicle description.												
				THE VEHICLE HAS AN ODOMETER READING OF NO TENTH													
Motor No. Cylinders Truck Weight (if motorcycle)				THE VEHICLE IDENTIFICATION NUMBER IS:													
TITLE BRAND DISC	LOSURE																
Check appropriate block	k if: 🔲 Rebuilt Veh	icle 🗌 Water Da	amage II	NSPE	CTION R	EQUESTE	D										
If block is checked and t	title does not includ	de brand, provid	e E	3Y						-							
jurisdiction and ti	tle number	if previous brand	d was	OWNE		R LICENSE	E NO.	& ST	ATE								
issued.																	
		OMETER DISCLO				SPECTOR'S						PECT	OR NO	0.		DATE	
(no tenths) dometer Reading	l certify to the best o	☐1. The milea ☐2. The odom	ge stated is leter reading	in exc g is not	ess of its r t the actua	nechanical lin	nits. ARNIN	G – OI	ооме	TER D		•	itemen	IS IS CHE	скеа.		
Sale Price \$		Trade In \$			١	let Cost \$					Tax \$						
											1						
Make Make	Model Model		Year Year		VIN No. VIN No.						Title No Title No						
AME OF SELLER		DE												. orgin	atures		
TREET ADDRESS			ALER NO.			NAME OF	OWN	ER/BL	IYER	k	Y DL#, K	•		Ū			
		Pł	ALER NO.			NAME OF					TY DL#, K	י Y ID#, S	6.S.#, o	or FEIN	BIRTI	H DATE	
CITY	COUNTY	Pł STAT	HONE NO.				OWN	ER/BL				י Y ID#, S	6.S.#, c 6.S.#, c	or FEIN	BIRTI	H DATE	
CITY EMAIL ADDRESS	COUNTY		HONE NO.			NAME OF	OWN	ER/BL		k		י Y ID#, S	6.S.#, c 6.S.#, c P	or FEIN	BIRTI	H DATE	
EMAIL ADDRESS		STAT	HONE NO.	descri	bed herein	NAME OF STREET CITY	OWN ADDF	ER/BU RESS	IYER	CC	TY DL#, K	Y ID#, S	5.S.#, c 6.S.#, c P S	DT FEIN DT FEIN PHONE	BIRTH BIRTH NO. ZIP	I DATE	
EMAIL ADDRESS I (∏have) (∏have not) ap	oplied for a loan in d	STAT	HONE NO. E ZIP the vehicle			NAME OF STREET CITY EMAIL AI		ER/BU RESS SS) (□ w	IYER	CC	TY DL#, K	Y ID#, S	5.S.#, c 6.S.#, c P S	DT FEIN DT FEIN PHONE	BIRTH BIRTH NO. ZIP	I DATE	
EMAIL ADDRESS I (□have) (□have not) ap ESSEE NAME OR OTHEF	oplied for a loan in d	STAT	HONE NO. E ZIP the vehicle			NAME OF STREET CITY EMAIL AE and if not, I (ER/BU RESS SS) (□ w	IYER	CC	TY DL#, K	Y ID#, S	5.S.#, c 6.S.#, c P S	DT FEIN DT FEIN PHONE	BIRTH BIRTH NO. ZIP	I DATE	
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EMAIL ADDRESS	pplied for a loan in o R KY DL#, K COUNTY	STAT	HONE NO. E ZIP the vehicle FEIN BIR E ZIP TE OF TRA	NSFEF	NTE	NAME OF STREET CITY EMAIL AI and if not, I (FIRST LIE ADDRESS COUNTY OWNER/E OWNER/E Attesting Of Sworn or aff		ER/BL RESS SS SS DER DER R(S) SI R(S) SI	FILEE GNAT GNAT) apply	Y DL#, K DUNTY for a loan	Y ID#, S Y ID#, S within	S.S.#, ¢ P S 30 day	or FEIN PHONE TATE state	BIRTH BIRTH NO. ZIP s applic	HDATE	
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SIGNATURE & TITLE OF ISSUER COUNTY
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.