

KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF MOTOR VEHICLE LICENSING

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APPLICANT COMMUNICATION REQUEST

FIRST AND LAST NAME, OR COMPANY NAME (Print.)			LAST 5 DIGITS OF VIN #
SECTION 2: COMMUNICATION PREFERENCE (Print legibly to avoid a delay in reply.)			
ele	ect option A or B below and p	provide the requested information	
A			
В	Mail ALL letters to:		