



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing
AFFIDAVIT SUPPORTING APPLICATION FOR LICENSE
PLATES FOR MANUFACTURERS AND DEALERS

Commonwealth of Kentucky, County of _____

The affiant, _____
 (Name of owner or authorized official)

 (Name of manufacturer or dealer) (Number and street and/or rural route)

 (City, town, or post office) (County) (State) (Zip Code)

Check appropriate box: New Motor Vehicle Dealer Used Motor Vehicle Dealers Manufacturer

 (Make of vehicle) (Passenger cars, trucks, motorcycles)

In compliance with KRS 186.070(2), a dealer making application for a dealer plate shall complete this form and forward it to the county clerk on a quarterly basis listing the names and addresses of the dealer and each bona fide salespersons and employees entitled to the use of the plates issued in the name of the above named manufacturer or dealer.

	<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

(If more than 15 employees are authorized to use plates, attach list.)



Kentucky Transportation Cabinet
 Division of Motor Vehicle Licensing
**AFFIDAVIT SUPPORTING APPLICATION FOR LICENSE
 PLATES FOR MANUFACTURERS AND DEALERS**

It is further stated that the dealer's license plate shall be used only by the dealer, by a bona fide salesperson, or by an employee of the business for purposes reasonably connected with the sale or demonstration for sale and delivery of motor vehicle, or by any manufacturer or dealer licensed as provided above in transporting any motor vehicle over the highways of this state to his place of retail business from a manufacturer or wholesale dealer in motor vehicles.

This form is completed in compliance with KRS 186.070(2) and any necessary amendments thereto will be made and filed when required.

 (Name of manufacturer or dealer)

By _____
 (Title)

Subscribed and sworn to before me this _____ day of _____, 20 _____

 (Person administering oath)

 (Official title)

My commission #: _____

My commission expires ____/____/____
 MM DD YYYY

IMPORTANT
 (Please supply the following information)

PHONE NUMBER OF BUSINESS: _____

FEDERAL EMPLOYEE ID NUMBER: _____

MONTH OF INCORPORATION: _____

NUMBER (AMOUNT) OF DEALER TAGS DESIRED: _____

NAME OF TITLE CLERK: _____

HOME PHONE FOR ONE OFFICER OR AGENT: _____

NAME: _____ NUMBER: _____

INSTRUCTIONS TO COUNTY COURT CLERK: This affidavit must be completed by owner or an official representative of the manufacturer/dealer and filed with you before the dealer plate(s) is issued. It is to be **RETAINED** in your office.