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|  | KENTUCKY TRANSPORTATION CABINETDepartment of Vehicle Regulation**DIVISION OF MOTOR CARRIERS** | TC 95-628Rev. 05/2018Page 1 of 1 |
| **AFFIDAVIT FOR REPLACEMENT OF PASSENGER CREDENTIALS** |
| **MAIL TO:**PO Box 2007, Frankfort KY 40602‐2007 Phone (502) 564‐1257 <http://transportation.ky.gov/Motor>‐Carriers |
| **SECTION 1: CREDENTIAL REQUEST** |
| **I CERTIFY THAT MY** Registration Plate **IS** LostDecal StolenDestroyed RustedOther *(describe)* |  |
|  |
| **SECTION 2: OWNER INFORMATION** |
| I hereby request a replacement registration plate or decal unit # |  |
|  |
| **COMPANY NAME** | **PASSENGER OR CERTIFICATE #** |
| **ADDRESS** |
| **CITY** | **STATE** | **ZIP** | **COUNTY** |
| **SECTION 3: SIGNATURE AUTHORIZATION** |
| **PRINT NAME** | **TITLE** |
| **SIGNATURE** | **DATE** |
| **SECTION 4: NOTARIZATION** *(required)* |
| **State of** |  |
| **County of** |  |
| Subscribed and sworn before me on this the day of , 20 .**Notary Public**  **My commission expires** . |
| **IMPORTANT INFORMATION** |
| Any person who violates any of the provisions set forth in KRS 281 shall be guilty of the penalties found in KRS 281.990. |