**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 □ Decal IS □ Lost □ Stolen □ Destroyed □ Rust □ Other (describe)  

**SECTION 2: OWNER INFORMATION**

I hereby request a replacement registration plate or decal unit #  

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>PASSENGER OR CERTIFICATE #</th>
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<tr>
<th>ADDRESS</th>
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<tr>
<td>CITY</td>
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**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.