



## 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  Rusted  Other (*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.