**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 #

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>PASSENGER OR CERTIFICATE #</th>
</tr>
</thead>
</table>

ADDRESS

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>COUNTY</th>
</tr>
</thead>
</table>

**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.