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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | **IMPORTANT INFORMATION** | | | | | | | | | | | | Pursuant to KRS 186.010, the dealer plate usage authorization register is required to be filed with the County Clerk’s office at the end of each quarter within seven (7) calendar days following the end of the quarter.  Also, pursuant to KRS 186.070 (2)(a), an updated supplemental dealer plate usage authorization register listing only the new or terminated employee(s) shall be filed with the County Clerk’s office within seven (7) calendar days of the employment or termination of qualifying employee(s). | | | | | | | | | | | | **SECTION 1: DEALERSHIP OR MANUFACTURER INFORMATION** | | | | | | | | | | | | **NAME** *(dealership or manufacturer)* | | | | | | | **ADDRESS** | | | | | **CITY** | | | | | **STATE** | **ZIP** | **DLN/SSN** | **PHONE** | | | | As a properly registered motor vehicle dealer or manufacturer doing business at the above named dealership or manufacturing location, **I do hereby certify** that the individuals subsequently listed do qualify per the statutes and regulations as bonafide salespersons or employees entitled to the use of the dealer plates issued by the county clerk’s office annually to this dealership or manufacturer.  **I also certify** that the above-named firm as a properly licensed motor vehicle dealer or manufacturer shall file with the county clerk’s office within seven (7) calendar days of the employment or termination of a qualifying employee an updated Supplemental Dealer Plate Usage Authorization Register **listing only said new or terminated employee(s).** | | | | | | | | | | | | **SIGNATURE** *(dealer or manufacturer)* | | | | | | | | **DATE** | | | | **SECTION 2: SALESPERSON/EMPLOYEE INFORMATION** | | | | | | | | | | | | **EMPLOYMENT STATUS** | | | **DRIVER LICENSE NUMBER** | **SALESPERSON/**  **EMPLOYEE NAME** | | | **STREET ADDRESS/CITY** | | **STATE** | **ZIP** | | **ACTIVE** | **NEW** | **TERM** |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  | | |  | |  |  | |  | | | | | | | | | | | |