



Kentucky Transportation Cabinet  
Division of Motor Vehicle Licensing  
**TEMPORARY TAG LOG**

PO BOX 2014, Frankfort KY 40622

\_\_\_\_\_  
Dealer Name

\_\_\_\_\_  
Phone ( Include Area Code )

Note: This Log must be made available to law enforcement officers upon request and kept for a period of two years.

\_\_\_\_\_  
City of Principal Place of Business

Sales' Person	Temporary Tag Number	Date of Delivery	Expiration Date	Purchaser's Name	Full Vehicle ID Number	Make	Year

Signed by \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Dealer Representative