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

This form is filed in compliance with KRS 186A.100 and KRS 186A.105 and necessary changes thereto will be made and filed when required.