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| **INSTRUCTIONS:** This affidavit is used to grant or revoke permission for an individual or business to pick up certificates of title from the KYTC One Stop Shop. In Section 2, provide the month, day, and year for the beginning and/or ending dates. The beginning date through the ending date shall not exceed five (5) years. Email this completed form to the KYTC MVL Help Desk; or drop it off at the KYTC One Stop Shop, 200 Mero Street, Frankfort, between 8:00 AM and 4:00 PM, Monday through Friday. For questions, call us at (502) 564-1257. |
| **SECTION 1: OWNER INFORMATION** |
| **NAME**      | **PHONE**      | **FAX**      |
| **ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **EMAIL**      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **OWNER NAME** *(Print.)* | **SIGNATURE** |
| Signed and attested before me this |  | day of |  | 20 |  |  |  |
|  |  | Attesting Official/Notary Public Signature & Title |
| My commission #: |  |  |  |  My commission expires |  | / |  | / |  | . |  |  |
|  |  |  |  |  |  | MM |  | DD |  | YYYY |  |  |  |
| **SECTION 2: DESIGNATED INDIVIDUAL(S) GRANTED/REVOKED PERMISSION FOR TITLE PICKUP** |
| The following individuals are hereby granted permission or had permission revoked to pick up certificates of title on my behalf from the One Stop Shop at the Kentucky Transportation Cabinet in Frankfort. |
| **CHOOSE ONE** | **NAME** | **BEGINNING DATE** | **ENDING DATE** |
|  |  | **MO** | **DAY** | **YEAR** | **MO** | **DAY** | **YEAR** |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |
| [ ]  Granted[ ]  Revoked |       |    |    |      |    |    |      |

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