AFFIDAVIT TO GRANT/REVOKE PERMISSION FOR A PERSON TO PICK UP CERTIFICATES OF TITLE

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							
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