



APPLICATION FOR COMMERCIAL MOTOR VEHICLE TEMPORARY REGISTRATION
KRS 186.072

INSTRUCTIONS

Requests must be submitted by the manufacturer, dealer, distributor, contract transporter, or owner of the commercial motor vehicle.

Submit completed application and payment by one of the following means.

Mail to:
Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing
PO Box 2014
Frankfort, KY 40622-2014

Present in person at:
Kentucky Transportation Cabinet
One Stop Shop
2nd Floor
200 Mero Street
Frankfort, KY 40622

Make check or money order in the amount of one hundred dollars (\$100) payable to the Kentucky State Treasurer.

Allow 2 to 3 business days for processing of mailed applications.

For One Stop Shop hours and holiday closures, please contact our office at (502) 564-1257 or visit drive.ky.gov.

APPLICANT INFORMATION

NAME OF OWNER/TRANSPORTER (<i>Print.</i>)		DRIVER LICENSE #	PHONE	
MAILING ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS				

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN) OR SERIAL #		CURRENT VEHICLE TITLE # (<i>if any</i>)		
YEAR	MAKE	MODEL		

I certify the information provided above is correct and the required payment and/or fees accompany this application.

APPLICANT SIGNATURE

DATE

FOR MVL USE ONLY

PLACARD IDENTIFICATION #	DATE ISSUED	ISSUER NAME (<i>Print.</i>)
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Notes: