



**APPLICATION FOR COMMERCIAL TRAILER TEMPORARY REGISTRATION**  
KRS 186.073

**INSTRUCTIONS**

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

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  
 2<sup>nd</sup> Floor  
 200 Mero Street  
 Frankfort, KY 40622

Make check or money order in the amount of five dollars (\$5.00) 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](http://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.

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**APPLICANT SIGNATURE**

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**DATE**

**FOR MVL USE ONLY**

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