



AFFIDAVIT FOR REPLACEMENT OF PASSENGER CREDENTIALS

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007 Phone
(502) 564-1257
<http://transportation.ky.gov/Motor-Carriers>

SECTION 1: CREDENTIAL REQUEST

I CERTIFY THAT MY Registration Plate Decal IS Lost Stolen Destroyed Rusted Other (describe) _____

SECTION 2: OWNER INFORMATION

I hereby request a replacement registration plate or decal unit # _____

COMPANY NAME _____ PASSENGER OR CERTIFICATE # _____

ADDRESS

CITY _____ STATE _____ ZIP _____ COUNTY _____

SECTION 3: SIGNATURE AUTHORIZATION

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____

SECTION 4: NOTARIZATION (required)

State of _____

County of _____

Subscribed and sworn before me on this the _____ day of _____, 20_____.

Notary Public _____ My commission expires _____.

IMPORTANT INFORMATION

Any person who violates any of the provisions set forth in KRS 281 shall be guilty of the penalties found in KRS 281.990.