



**AFFIDAVIT TO GRANT OR REVOKE PERMISSION  
TO PROCESS A REBUILT APPLICATION**

**INSTRUCTIONS:** This affidavit is used to grant or revoke permission for an individual to process a rebuilt application at the KYTC One Stop Shop when the application is in the name of a business. In Section 2, provide the month, day, and year for the beginning and ending dates. A copy of the designee's driver license must be attached to this form upon submission.

**Note:** A separate affidavit (TC 96-350 form) must be completed for **each** designated individual.

Mail this completed form along with a copy of the designated individual's driver license to P.O. Box 2014, Frankfort, KY 40622, or drop it off at the KYTC One Stop Shop, 200 Mero Street, Frankfort, Monday through Thursday, between 8:00 AM and 3:30 PM. For questions, call (502) 564-1257.

**SECTION 1: BUSINESS INFORMATION**

NAME OF BUSINESS		PHONE	FAX	
ADDRESS	CITY		STATE	ZIP
NAME OF BUSINESS REPRESENTATIVE (Print.)		EMAIL		

\_\_\_\_\_  
**SIGNATURE OF BUSINESS REPRESENTATIVE**

Signed and attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Signature and Title \_\_\_\_\_ Notary # \_\_\_\_\_

My commission expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. My commission #: \_\_\_\_\_  
(MM) (DD) (YYYY)

**SECTION 2: GRANTED OR REVOKED PERMISSION FOR DESIGNATED INDIVIDUAL**

The individual designated below has permission hereby granted or revoked to process rebuilt applications from the One Stop Shop at the Kentucky Transportation Cabinet in Frankfort on behalf of the business named above.

CHOOSE ONE	NAME	BEGINNING DATE			ENDING DATE		
		MO	DAY	YEAR	MO	DAY	YEAR
<input type="checkbox"/> Granted							
<input type="checkbox"/> Revoked							