



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

TC 96-182
10/2015

APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE OR REGISTRATION

Check the type of application desired _____ Duplicate Title Only Transfer First Time Salvage Classic
 If Duplicate is checked, the original Certificate of Title is: _____ Lost Destroyed Damaged Illegible Other

Vehicle Identification Section VIN _____ Make _____ Year _____ Body Style _____ Model _____ Model No. _____ Color _____ Motor No. _____ Cylinders _____ Truck Weight _____ (if motorcycle)	CERTIFIED INSPECTOR SECTION I, (Certified Inspector - Print Name) _____ of _____ County, Phone No. _____ do certify under the penalty provisions of KRS 186A.115(4)(d) that I have physically inspected the vehicle described herein to be roadworthy and that the supporting documents are consistent with the vehicle description. THE VEHICLE HAS AN ODOMETER READING OF _____ NO TENTHS THE VEHICLE IDENTIFICATION NUMBER IS: _____ INSPECTION REQUESTED BY _____ OWNER DRIVER LICENSE NO. & STATE _____ CERTIFIED INSPECTOR'S SIGNATURE _____ INSPECTOR NO. _____ DATE _____
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ODOMETER DISCLOSURE *****CAUTION READ CAREFULLY BEFORE YOU CHECK A BLOCK*****
 49 USC Sec. 32705 and KRS 190.300 require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.
 _____ (no tenths) Odometer Reading 1. The mileage stated is in excess of its mechanical limits.
 2. The odometer reading is not the actual mileage. **WARNING - ODOMETER DISCREPANCY.**

TOTAL CONSIDERATION AND TRADE-IN INFORMATION

Sale Price \$ _____	Trade In \$ _____	Net Cost \$ _____	Tax \$ _____
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Date of Sale _____	Make _____	Year _____	VIN No. _____	Title No. _____
	Make _____	Year _____	VIN No. _____	Title No. _____

Seller and buyer certify pursuant to the penalty provisions of KRS 190.990(5) that each has supplied true and correct total consideration information to the best of their knowledge and belief in this document, including the above affidavit.

JOINT OWNERSHIP: OR AND **NOTE: If neither box is checked the Title Transfer shall require both signatures**

NAME OF SELLER _____ DEALER NO. _____
 STREET ADDRESS _____ PHONE NO. _____
 CITY _____ COUNTY _____ STATE _____ ZIP _____
 EMAIL ADDRESS _____

NAME OF OWNER/BUYER _____ S.S.#, KyDL#, or Govt. issued # _____ BIRTH MO. _____
 NAME OF OWNER/BUYER _____ S.S.#, KyDL#, or Govt. issued # _____ BIRTH MO. _____
 STREET ADDRESS _____ PHONE NO. _____
 CITY _____ COUNTY _____ STATE _____ ZIP _____
 EMAIL ADDRESS _____

I (have) (have not) applied for a loan in connection with the vehicle described herein and if not, I (will) (will not) apply for a loan within 30 days of this application.

LESSEE NAME OR OTHER _____
 LESSEE ADDRESS _____
 CITY _____ COUNTY _____ STATE _____ ZIP _____

FIRST LIENHOLDER _____
 ADDRESS _____
 COUNTY LIEN TO BE FILED IN _____

SELLER'S SIGNATURE _____
 SELLER'S SIGNATURE _____ DATE OF TRANSFER _____

OWNER/BUYER(S) SIGNATURE(S) _____
 OWNER/BUYER(S) SIGNATURE(S) _____

Attesting Official _____ Title _____
 Subscribed and attested before me this _____ day of _____ 20 _____
 My commission expires _____

Attesting Official _____ Title _____
 Subscribed and attested before me this _____ day of _____ 20 _____
 My commission expires _____

COUNTY CLERK USE ONLY

TYPE APPLICATION _____	DATE OF ISSUANCE _____	TITLE NO _____	PLATE NO _____
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I certify subject to the penalty provisions of KRS 190.990(5) that I have reviewed this application and the documents supporting it and that the same are present and consistent with this application; that I received the application on the date and time indicated hereon and that fees were collected as indicated. I further certify that the required information has been entered into the automated vehicle identification system (AVIS)

SIGNATURE & TITLE OF ISSUER _____ COUNTY _____ DATE _____
 Signature _____ Date _____
DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS. MUST BE COMPLETED IN BLUE OR BLACK INK IF NOT COMPLETED ON-LINE.