



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

Motor Boat Transaction Record/Application for Registration and/or Title

KRS 186A.990 states: Any person who knowingly enters or attests to the entry of false or erroneous information upon this form will be subject to the penalties of forgery in the second degree; KRS 235.990 states: Any person who violates any of the provisions of this chapter or administrative regulations adopted under this chapter shall be fined not less than fifty dollars (\$50) nor more than two hundred dollars (\$200).

Check the type of application desired: Duplicate Update KY Transfer Out-of-State Transfer First Time Salvage Rebuilt Title Only
If Duplicate is checked, the original Certificate of Title is: Lost Destroyed Damaged Illegible Other

PLEASE NOTE: THE ORIGINAL OF THIS FORM MUST BE COMPLETED IN BLUE OR BLACK INK.

Section 1: VESSEL IDENTIFICATION SECTION (See Reference Page for field values.)

Form with fields: Previous Title Number, State, KY #, Hull Identification (HIN), Year, Make, Model, Primary Operation (Boat Use), Vessel Type, HULL Material, Engine Drive, Propulsion, County of Dockage, Fuel Type, Length (feet, inches), Beam (feet, inches), Capacity or Weight Capacity, # of Toilets, Toilet Type

Section 2: VESSEL ENGINE/MOTOR

Form with fields: Motor 1 Make, Year, Horse Power, Motor Serial #, Year Purchased, Purchase Amount, Motor 2 Make, Year, Horse Power, Motor Serial #, Year Purchased, Purchase Amount

Section 3: VESSEL BRAND DISCLOSURE Rebuilt Salvage Hail Damage Water Damage Un-rebuildable

Section 4: VESSEL LIEN INFORMATION

I have I have not applied for a loan in connection with the motorboat described herein and if not, I will I will not apply for a loan within 30 days of this application. I warrant that the motorboat described above is not subject to an untermiated lien and that no loan in connection with this motorboat has nor will be applied for by seller within 30 days of this application.

Form with fields: First Lienholder, Lien County, Address, City, State, Zip, Phone #, Second Lienholder, Lien County, Address, City, State, Zip, Phone #

Section 5: VESSEL TRANSFEROR/SELLER SECTION

Form with fields: Name of Transferor/Seller, Dealer Number, Name of Second Transferor/Seller, Mailing Address, Home Address (if different from above), City, County, State, Zip, Email address, Phone # (with area code), Vessel Sale Price, Transferor/Seller's Signature, Transferor/Seller Signature, my commission #, Subscribed and attested before me this date, my commission expires, Attesting Official/Notary Signature/Title

VESSEL TRANSFEREE/OWNER/BUYER SECTION

BUYER JOINT OWNERSHIP: OR AND (NOTE: If neither box is checked, the transfer shall require both signatures.)

Form with fields: Name of Transferee/Owner/Buyer, DL/SSN/FED ID#, Name of Second Transferee/Owner/Buyer, DL/SSN/FED ID#, Mailing Address, Home Address (if different from above), City, County, State, Zip, (Is your vessel located at an address different from your residential address? YES NO If yes, please include physical address.), Physical Address, City, County, State, Zip, Citizenship of Primary Applicant, Sex, Date of Birth, Email address, Phone # (with area code), Transferee/Owner/Buyer Signature, Transferee/Owner/Buyer Signature, my commission #, Subscribed and attested before me this date, my commission expires, Attesting Official/Notary Signature/Title

Section 6: County Clerks Use Only

Form with fields: Type of Application, Date of Issuance, Title #, Clerk Signatures/County, Date

I certify that the lien indicated to be filed has been noted into the automated system and that a title will be withheld for 30 days, or until financing statement and fees required are received, whichever occurs first.

Clerk Signature: County: Date: DO NOT ACCEPT TITLE OR APPLICATION SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS.



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
 DIVISION OF MOTOR VEHICLE LICENSING

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**APPLICATION FOR DISABLED LICENSE PLATE
 OR PARKING PLACARD**

INSTRUCTIONS: Complete this form and forward to your County Clerk.

SECTION 1: APPLICANT INFORMATION *(to be completed by applicant before submitting to a physician)*

Issuance 2nd Placard Renewal Replacement

NAME <i>(individual or organization)</i>		DATE OF BIRTH	PHONE
ADDRESS <i>(street or post office)</i>	CITY	STATE	ZIP

Check all that apply:

- Parking Placard or Disabled License Plate
- Applicant now holds disabled license plate or parking placard # _____
- Applicant now holds disabled veteran license plate # _____

(Signature of Applicant)

(FED ID/SSN/DLN)

Subscribed and attested before me this date ____ / ____ / ____ My commission expires ____ / ____ / ____
 MM DD YYYY MM DD YYYY

My commission #: _____

 Attesting Official or Notary Signature & Title

SECTION 2: LICENSED PHYSICIAN CERTIFICATION *(not valid if Section 1 is incomplete)*

I certify that the applicant is a person who has a severe visual, audio, or physical impairment which limits or prevents his or her ability to walk in compliance with KRS 186.042 or KRS 189.456, or KRS 189.458.

Disabled Parking Placard (Blue-6 years)

(Signature of Licensed Physician, Physician Assistant, Chiropractor, or Advanced Practice Registered Nurse)

 (Date)

(Printed Name of Licensed Physician, Physician Assistant, Chiropractor, or Advanced Practice Registered Nurse)

Temporary Disabled Parking Placard (Red-3 months)

(Signature of Licensed Physician, Physician Assistant, Physical Therapist, Occupational Therapist, Chiropractor, or Advanced Practice Registered Nurse)

 (Date)

(Printed Name of Licensed Physician, Physician Assistant, Physical Therapist, Occupational Therapist, Chiropractor, or Advanced Practice Registered Nurse)

FOR COUNTY CLERK'S USE ONLY

I hereby attest that the applicant is obviously disabled in compliance with KRS 186.042 and KRS 189.456 and should be issued a special parking permit.

Signature of Clerk _____	County _____
Previous Placard #: _____	Expires _____
New Placard #: _____	Expires _____
Replacement Reason: _____	