



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

TC 96-182
05/2013

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

TITLE BRAND DISCLOSURE
Check appropriate block if: [] Rebuilt Vehicle [] Water Damage
If block is checked and title does not include brand, provide jurisdiction and title number if previous brand was issued.

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)
[] 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

Table with 4 columns: Sale Price \$, Trade In \$, Net Cost \$, Tax \$

Table with 4 columns: Date of Sale, 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

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

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

Table with 4 columns: TYPE APPLICATION, DATE OF ISSUANCE, TITLE NO., PLATE NO.

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.