Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

TC 96-182
05/2020

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. (if motorcycle) Cylinders Truck Weight

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.

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

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 $

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

SELLER'S SIGNATURE

SELLER'S SIGNATURE DATE OF TRANSFER

Attesting Official Title

Subscribed and attested before me this _____ day of _____ 20 _____

My commission #: _____ Expiration: _____

FIRST LIENHOLDER

ADDRESS

COUNTY LIEN TO BE FILED IN

OWNER/BUYER(S) SIGNATURE(S)

OWNER/BUYER(S) SIGNATURE(S)

Attesting Official Title

Subscribed and attested before me this _____ day of _____ 20 _____

My commission #: _____ Expiration: _____

COUNTY CLERK USE ONLY

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

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.

Signature _____ Date _____

DO NOT ACCEPT TITLE OR APPLICATION SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS. MUST BE COMPLETED IN BLUE OR BLACK INK IF NOT COMPLETED ON-LINE.