



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).  
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 186.990(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 \_\_\_\_\_

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 186.990(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.