

APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE OR REGISTRATION

| | |
|--|---|
| Check the type of application desired _____ <input type="checkbox"/> Duplicate <input type="checkbox"/> Title Only <input type="checkbox"/> Transfer <input type="checkbox"/> First Time <input type="checkbox"/> Salvage <input type="checkbox"/> Classic If Duplicate is checked, the original Certificate of Title is: _____ <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Damaged <input type="checkbox"/> Illegible <input type="checkbox"/> 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: <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> INSPECTION REQUESTED _____ BY _____ OWNER DRIVER LICENSE NO. & STATE _____ CERTIFIED INSPECTOR'S SIGNATURE _____ INSPECTOR NO. _____ DATE _____ |
| TITLE BRAND DISCLOSURE Check appropriate block if: <input type="checkbox"/> Rebuilt Vehicle <input type="checkbox"/> 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 \$ |
|---------------|-------------|-------------|--------|

| | | | | |
|------|-------|------|---------|-----------|
| Make | Model | Year | VIN No. | Title No. |
| Make | Model | Year | VIN No. | Title No. |

Date of Sale _____

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 _____ KY DL#, KY ID#, S.S.#, or FEIN _____ BIRTH DATE _____

NAME OF OWNER/BUYER _____ KY DL#, KY ID#, S.S.#, or FEIN _____ BIRTH DATE _____

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 _____ KY DL#, KY ID#, S.S.#, or FEIN _____ BIRTH DATE _____

LESSEE ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SELLER'S SIGNATURE _____

SELLER'S SIGNATURE _____ DATE OF TRANSFER _____

Attesting Official _____ Title _____
 Sworn or affirmed 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 _____
 Sworn or affirmed 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.

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.