



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 _____ <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: _____ 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 \$
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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 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.	NAME OF OWNER/BUYER	S.S.#, KyDL#, or Govt. issued #	BIRTH MO.
STREET ADDRESS	PHONE NO.	NAME OF OWNER/BUYER	S.S.#, KyDL#, or Govt. issued #	BIRTH MO.
CITY	COUNTY	STATE	ZIP	
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	FIRST LIENHOLDER		
LESSEE ADDRESS	ADDRESS		
CITY	COUNTY	STATE	ZIP
SELLER'S SIGNATURE		OWNER/BUYER(S) SIGNATURE(S)	
SELLER'S SIGNATURE		OWNER/BUYER(S) SIGNATURE(S)	
Date of Transfer _____			
Attesting Official _____ Title _____		Attesting Official _____ Title _____	
Subscribed and attested before me this _____ day of _____ 20 _____		Subscribed and attested before me this _____ day of _____ 20 _____	
My commission expires _____		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 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 SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS. MUST BE COMPLETED IN BLUE OR BLACK INK IF NOT COMPLETED ON-LINE.