



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					CERTIFIED INSPECTOR SECTION	
VIN _____ Make _____					I, (Certified Inspector – Print Name) _____	
Year _____ Body Style _____ Model _____ Model No. _____ Color _____					of _____ County, Phone No. _____	
Motor No. _____ Cylinders _____ Truck Weight _____ (if motorcycle)					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.	
TITLE BRAND DISCLOSURE					THE VEHICLE HAS AN ODOMETER READING OF _____ NO TENTHS	
Check appropriate block if: <input type="checkbox"/> Rebuilt Vehicle <input type="checkbox"/> Water Damage					THE VEHICLE IDENTIFICATION NUMBER IS:	
If block is checked and title does not include brand, provide jurisdiction _____ and title number _____ if previous brand was issued.					_____	
					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) ☐ 1. The mileage stated is in excess of its mechanical limits.
Odometer Reading ☐ 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.

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	
EMAIL ADDRESS		STREET ADDRESS	PHONE NO.	
		CITY	COUNTY	STATE ZIP
		EMAIL ADDRESS		
I (<input type="checkbox"/> have) (<input type="checkbox"/> have not) applied for a loan in connection with the vehicle described herein and if not, I (<input type="checkbox"/> will) (<input type="checkbox"/> will not) apply for a loan within 30 days of this application.				
LESSEE NAME OR OTHER		FIRST LIENHOLDER		
LESSEE ADDRESS		ADDRESS		
CITY		COUNTY LIEN TO BE FILED IN		
STATE		ZIP		
SELLER'S SIGNATURE		OWNER/BUYER(S) SIGNATURE(S)		
DATE OF TRANSFER		OWNER/BUYER(S) SIGNATURE(S)		
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 #: _____	Expiration: _____	My commission #: _____	Expiration: _____	

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 _____
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.