## APPLICATION SHALL BE COMPLETED IN BLUE OR BLACK INK

TC 96-182 Rev. 12/09

## Fee \_\_\_\_COMMONWEALTH OF KENTUCKY APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE OR REGISTRATION

Check the type of application desired						O Classic
If Duplicate is checked, the original Certificate of Title is:					<ul><li>O Salvage</li><li>O Other</li></ul>	O Classic
Vehicle Identification Section		PECTOR SECTION	- Bamageo	- Illegible	O Other	
venicle identification decilon	I, (Certified Inspector – Print Name)					
VIN Make	of County Phone No. ()					
Water	do certify under the penalty provisions of KRS 186A.115(4)(d) that I have physically					
Year Body Style Model Model No. Color	inspected the vehicle described herein to be roadworthy and that the supporting documents					
Total Body Otylo Model Model No. Color	'	th the vehicle description		iny and that th	io oupporting	accamonic
Motor No. Cylinders Truck Weight	THE VEHICLE HAS AN ODOMETER READING OFNO TENTHS					) TENTHS
(if motorcycle)	THE VEHICLE IDENTIFICATION NUMBER IS:					
TITLE BRAND DISCLOSURE						
Check appropriate block if: O Rebuilt Vehicle O Water Damage  If block is checked and title does not include brand, provide	INSPECTION RE	OUESTED				
jurisdiction and title number	BY					
if previous brand was issued.	OWNER DRIVER LICENSE NO. & STATE					
ii pievious biuliu was issueu.	OWNER BRIVE	( LIOZNOZ 110. Q 01711				
		PECTOR'S SIGNATURE		INSPECTOR		DATE
Odometer Reading O 2.1	ileage upon transfer o eter reading is the actua e mileage stated is The odometer readi	f ownership. Failure to com al mileage of the vehicle unles in excess of its mechan ng is not the actual milea	plete or provid s one of the foll ical limits. age. WARNI	ling a false state owing statement	ement may resus is checked.	lt in penalties
		ND TRADE-INFOR				
Sale Price \$ Trade In \$	N	et Cost \$		Tax \$		
Date of Sale Trade In						
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 h	ast of their knowledge	and holief in this do	ocument including the	abovo affidavit
JOINT OWNERSHIP: O OR O AND		box is checked the Tit				
NAME OF SELLER DEAL	ER NO.	NAME OF OWNER/BUYER		S.S.#		BIRTH MO.
STREET ADDRESS PHO	NE NO	NO. NAME OF OWNER/BUYER		S.S.#		BIRTH MO.
STREET ADDRESS FROM	NE NO.			3.3.#		BIKTH WO.
CITY COUNTY STATE	ZIP	ZIP ADDRESS				
I (O have) (O have not) applied for a loan in connection with the	vahiala dasaribad ba		COUNTY	STA		ZIP
r (O nave) (O nave not) applied for a loan in connection with the	venicie described ne	rein and it not, i (O will) (O	wiii not) appiy	ior a ioan within	i so days of this	в аррисацоп.
LESSEE NAME OR OTHER		FIRST LIENHOLDER				
LESSEE ADDRESS		ADDRESS				
CITY COUNTY STATE	ZIP	COUNTY LIEN TO BE F	FILED IN			
SELLER'S SIGNATURE		OWNER/BUYER(S) SIG	NATURE(S)			
SELLER S SIGNATURE		OWNER/BUTER(3) SIC	SNATURE(S)			
SELLER'S SIGNATURE		OWNER/BUYER(S) SIG	SNATURE(S)			
Date of Transfer						
Attesting Official Title		Attesting Official			Title	
Subscribed and sworn to before me this day of	20	Subscribed and sworn to be	fore me this	day of		_ 20
My commission expires	COUNTY CLE	My commission expires RK USE ONLY				
TYPE APPLICATION DATE OF ISSUANCE		TITLE NO.		PLATE NO.		
TYPE APPLICATION  I certify subject to the penalty provisions of KRS 190.990(5) that I have reviewed this applicatio indicated hereon and that fees were collected as indicated. I further certify that the required info	n and the documents supporting	ng it and that the same are present and			eived the application	on the date and tim
			( ).			