## TC 96-182 Rev. 1/2000

## APPLICATION MUST BE COMPLETED IN BLUE OR BLACK INK COMMONWEALTH OF KENTUCKY APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE/REGISTRATION

<u>-</u>						
Check the type of application desi If Duplicate is checked, the origin			TitleOnly Destroyed		FirstTime Sa	lvage   Other her
Vehicle Identification Section	CERTIFIED INSPECTOR SECTION					
VIN	I, (Certified Inspector)  Of County Phone No. ()					
	Do certify under penalties that I have physically inspected the vehicle described					
Year Body Style Model Model No. Color		herein and that the supporting documents are consistent with the vehicle description.  THE VEHICLE HAS AN ODOMETER READING OFNO TENTHS				
Motor No. Cylinders (if motorcycle)	THE VEHICLE IDENTIFICATION NUMBER IS:					
TITLE BRAND DISCLOSURE	INSPECTION REQUESTED					
Check appropriate block if: Rebuilt V When block is checked and title does not i	BY	BY				
jurisdictionand title	OWNER DRIVER LICENSE NO. & STATE					
where pr		CERTIFIED INSPECTOR'S SIGNATURE INSPECTOR NO. DATE				
Federal law requires that you state the	SCLOSURE **** CAUTI mileage upon transfer of owner nowledge that the odometer read	rship. Failure to comple	ete or providing a false	statement may re	esult in fines and/or im	prisonment.
	1. The mileage stated is in 2. The odometer reading is			DOMETER DIS	SCREPANCY	
Giving a false	TOTAL CONSIDE	ERATION AND TRA sideration paid is a C			of \$2000.	
Sale Price \$	Trade In \$		et Cost \$		Tax \$	
	(Credit allowed only on ve		Y and applicant has VIN No.		Title No.	1
Trade In	Make Make	Year Year	VIN No.		Title No.	
Date of Sale Seller and buyer further certify subject to penalties of for		•		s knowledge and belie		ng the above affidavit
		OTE: If neither box				
NAME OF SELLER	DEALER NO.	N	AME OF OWNER/BU	YER	S.S.#	BIRTH MO.
STREET ADDRESS	PHONE. NO.	N	AME OF OWNER/BU	YER	S.S.#	BIRTH MO.
CITY COUNTY	STATE	ZIP A	DDRESS			
I ( have) ( have not) applied for a loan	in connection with the vehicle o		TTY Tnot, I ( will) (	COUNTY will not) apply for	STATE r a loan within 30 days	ZIP s of this application.
LESSEE NAME OR OTHER		F	IRST LIENHOLDER			
LESSEE ADDRESS	Ā	ADDRESS				
CITY COUNTY	STATE	ZIP C	COUNTY LIEN TO BE FILED IN			
SELLER'S SIGNATURE	0	OWNER/BUYER (S) SIGNATURE (S)				
SELLER'S SIGNATURE		OWNER/BUYER (S) SIGNATURE (S)				
Date of Transfer						
Attesting Official	Title	Ā	ttesting Official		Title	
Subscribed and sworn to before me this day of	20	S	ubscribed and sworn to	before me this day	of	20
My commission expires	My commission expires					
	COUN	NTY CLERK US	SE ONLY			
TYPE APPLICATION	DATE OF ISSUANCE	Т	ITLE NO.		PLATE NO.	
I certify under above described penalty that I have application on the date and time indicated hereon system (AVIS)						
SIGNATURE & TITLE OF ISSUER			OUNTY		DA	ATE
I certify that the lien indicated to be filed has bee whichever occurs first.	n noted into the automated system	m and that a title will be	withheld for 30 days, or	until financing sta	tement and fees require	ed are received,