APPLICATION MUST BE COMPLETED IN BLUE OR BLACK INK
COMMONWEALTH OF KENTUCKY

APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE / REGISTRATION

Check the type of application desired _____ ☐Duplicate ☐Title Only ☐Transfer ☐First Time ☐Salvage ☐Other

If Duplicate is checked, the original Certificate of Title is: ☐Lost ☐Destroyed ☐Damaged ☐Illegible ☐Other

Vehicle Identification Section

VIN _____ Make _____

Year Body Style Model Model No. Color

Motor No. (if motorcycle) Cylinders Truck Weight

TITLE BRAND DISCLOSURE

Check appropriate block if: ☐Rebuilt Vehicle ☐Water Damage

When block is checked and title does not include brand, provide jurisdiction ___ and title number _____ where previous brand was issued.

CERTIFIED INSPECTOR SECTION

I, (Certified Inspector) _____

Of _____ County Phone No. (_____) _____

Do certify under penalties that I have physically inspected the vehicle described herein 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

ODOMETER DISCLOSURE *****CAUTION READ CAREFULLY BEFORE YOU CHECK A BLOCK****

Federal law requires 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-INFORMATION

Giving a false statement as to the total consideration paid is a Class D Felony with a minimum fine of $2000.

Sale Price:	Trade In:	Net Cost:	Tax:

(Credit allowed only on vehicles registered in KY and applicant has paid tax.)

Trade In

	Make	Year	VIN No.	Title No.
Date of Sale	Make	Year	VIN No.	Title No.

Seller and buyer further certify subject to penalties of forgery in the second degree, that each has supplied true and correct information to the best of his knowledge and belief, in this document, including the above affidavit

JOINT OWNERSHIP: ☐ OR ☐ AND **NOTE: If neither box is checked, the Title Transfer will require both signatures**

NAME OF SELLER DEALER NO.

STREET ADDRESS PHONE NO.

CITY COUNTY STATE ZIP

NAME OF OWNER/BUYER S.S. # BIRTH MO.

NAME OF OWNER/BUYER S.S. # BIRTH MO.

STREET ADDRESS

CITY COUNTY STATE ZIP

I (☐ have) (☐ have not) applied for a loan in conjunction 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

LESSEE ADDRESS

CITY COUNTY STATE ZIP

SELLER'S SIGNATURE

SELLER'S SIGNATURE

Date of Transfer _____

Attesting Official Title

Subscribed and sworn to before me this _____ day of _____ 20 ____

My commission expires _____

FIRST LIENHOLDER

ADDRESS

COUNTY LIEN TO BE FILED IN

OWNER/BUYER (S) SIGNATURE (S)

OWNER/BUYER (S) SIGNATURE (S)

Attesting Official Title

Subscribed and sworn to before me this _____ day of _____ 20 ____

My commission expires _____

COUNTY CLERK USE ONLY

TYPE OF APPLICATION	DATE OF ISSUANCE	TITLE NO.	PLATE NO.

I certify under above described penalty 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.