



Division of Motor Vehicle Licensing
AFFIDAVIT SUPPORTING VEHICLE LICENSE
APPLICATION

Complete and forward to your County Clerk.

INSTRUCTION: Execute in duplicate

STATE OF KENTUCKY, COUNTY OF _____

The affiant, _____

_____ *Name* _____ *Street or PO Box* _____ *City/Zip* _____ *County*
Kentucky, states that he/she is the owner of a vehicle for which a 20 _____ license is to be issued; that vehicle is
described as follows:

Identification # _____ Make _____ Model # _____
Body Type _____ Model Year _____ and that said vehicle was acquired from _____

_____ *Name* _____ *City* _____ *State*
on the _____ day of _____, 20 _____.

(A) Affiant states that this vehicle was NOT operated upon the public highways of Kentucky during the year or years
20 _____; that no license was issued in Kentucky for this vehicle for aforesaid year or years; and that this
vehicle was licensed in the year 20 _____ in _____ county, State of Kentucky, under
license number _____.

(B) Affiant states that this vehicle was licensed in County/Parish of _____, State of
_____ In the name of _____ for the year 20 _____ under license number
_____.

Affiant Signature

Subscribed and attested before me this date ___/___/_____. My commission expires ___/___/_____.

Attesting Official/Notary Signature/Title _____