Execute in duplicate

KENTUCKY TRANSPORTATION CABINET Division of Motor Vehicle Licensing P.O. Box 2014

Frankfort, KY 40622

Affidavit Supporting Vehicle License Application

TC 96-191 5 / 07

Kentucky

STATE OF KENTUCKY, COUN	ITY OF		-				
The affiant,							
(Name)		treet)	(City or Post Office)		(County)		
Kentucky, states that h	e is the owner of a vehicle for whi	ch a 20	license is to be issued; the	at said vehicle is descr	ibed as follows:		
Identification Number		ke	Model Number				
Style Body	Yr. Model		and that said vehicle was acquired from				
(City)	(State)	on the	day of	, 20	(Name)		
(A) Affiant states that said vehic issued in Kentucky for such veh	ele was NOT operated upon the icle for aforesaid year or years;	public hig and that s	hways of Kentucky during the	e year or years 20 the year 20	; that no license was in County of		
(B) Affiant states that said vehic	, State of Ke	ntucky, un h of	der license number	State of	*		
in name of	for the year	r 20	under license number	Otato or	The second secon		
Subscribed and sworn to before	me, this						
day of	, 20			(Signature of Affiant)			
				(Signature of	(Signature of Person Administering Oath)		