

KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF MOTOR VEHICLE LICENSING

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TRANSIT TAG APPLICATION

INSTRUCTIONS (Transit Tag application required in compliance with KRS. 186.068)

NOTE: Vehicles purchased from authorized Kentucky motor vehicle dealers or vehicles that are required to be titled and/or registered in Kentucky are not eligible for a Transit Tag.

Applicants for a Transit Tag cannot reside in Kentucky and the purchased vehicle cannot be eligible to be titled and/or registered in Kentucky. Complete all requested information in Section 1 and mail, along with payment, to the Division of Motor Vehicle Licensing, PO Box 2014, Frankfort, Kentucky 40622. Payment must be in the form of a check or money order made payable to the Kentucky State Treasurer.

Application and payment may be dropped off at the Transportation Cabinet's One Stop Shop, 200 Mero Street, Frankfort, Kentucky; Monday through Friday from 8:00 am to 4:00 pm EST. Cash is acceptable at the One Stop Shop. For holiday closures, contact our office at (502) 564-1257. The fee for each tag is \$5.00.

SECTION 1: OWN	ER/PURCHASER INFO	RMATION			
NAME (owner/purchaser)			R LICENSE #	STATE	
VEHICLE YEAR	MAKE		VEHICLE IDENTIFICATION # (VIN) OR SERIAL #		
KENTUCKY TITLE # (if any)		NAME	NAME [seller(s)]		
SIGNATURE (owner	/purchaser)	DATE	DATE		
		FOR MVL EMPLOYEE U	SE ONLY		
	NOTE: Please vei	rify if the vehicle has an a		title.	
NAME (employee) (Print.)		SIGNATUR	SIGNATURE (employee)		
DATE (received)		DATE (prod	DATE (processed)		
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