

Kentucky Transportation Cabinet 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,				
The affiant, Name Street or PO Box			City	/Zip County
Kentucky, states that he/she is the owner o described as follows:	f a vehicle for	which a 20	license is to b	e issued; that vehicle is
Identification #		Make		Model #
Body Type Model Y	Model Year and that sa		id vehicle was acquired from	
			011	
Name	20		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/I		Parish of		, State of
In the name of			for the year 20	under license number
·				
	,			
· ,,				
Subscribed and attested before me this date	e//			
My commission #: My commission expires//				
Attesting Official/Notary Signature/Title				