

Kentucky Transportation Cabinet Division of Motor Vehicle Licensing TEMPORARY TAG LOG

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PO BOX 2014, Frankfort KY 40622

Dealer Name	-			Phone (Include Are	Phone (Include Area Code)		
					Note: This Log must be made officers upon request and kept	available to law	enforceme
City of Principal Place of E	Business				omocro apon request and rept	ior a period or to	vo years.
Sales' Person	Temporary Tag Number	Date of Delivery	Expiration Date	Purchaser's Name	Full Vehicle ID Number	Make	Year
	- 1		-	Signed by		Date	•
				Autho	rized Dealer Representative		

This form is filed in compliance with KRS 186A.100 and KRS 186A.105 and necessary changes thereto will be made and filed when required.