



## APPLICATION FOR VEHICLE IDENTIFICATION NUMBER (VIN) REMOVAL

Pursuant to Kentucky Revised Statutes (KRS) 186.1911, KRS 186A.315, and KRS 186A.990

### INSTRUCTIONS

**Note:** Any person who knowingly gives false, fraudulent, or erroneous information in connection with an application for the registration, and when required, titling of a vehicle, or any application for assignment of a vehicle identification number, or replacement documents, or gives information supplied in connection with the registration and when required, titling of a vehicle, shall be guilty of forgery in the second degree.

All information must be supplied in order for the application to be approved. An incomplete application will result in denial. Along with the completed application, the following items are also required:

1. Title (front and back) to show the proper chain of ownership
2. All receipts (stating the VIN number) for all replacement parts
3. Police report or inspection, if Kentucky State Police are involved

Applications may also be mailed to:

Kentucky Transportation Cabinet Rebuilt Support Section, P. O. Box 2014 Frankfort, KY 40601-2014.

### SECTION 1: APPLICANT INFORMATION

<b>NAME</b> <i>(first, middle, last)</i>	<b>PHONE #</b> (   )   -
<b>ADDRESS</b> <i>(city, state, zip)</i>	<b>EMAIL ADDRESS</b>

### SECTION 2: VEHICLE INFORMATION

<u>Vehicle-A</u>			<u>Vehicle - B</u>		
Year	Make	Model	Year	Make	Model
<b>VIN #</b>			<b>VIN #</b>		
<b>VIN plate location on vehicle</b>			<b>Part of vehicle from which VIN plate is taken</b>		
<b>Physical address of vehicle A</b>					

### SECTION 3: ACTIONS

I am requesting to remove the VIN plate from **Vehicle A** and I will attach the VIN plate from Vehicle A onto the \_\_\_\_\_ from **Vehicle B**.

*(replacement part)*

Both vehicle plates are in my possession.  **Yes**  **No**

If no, please explain.

I certify that the motor, transmission, and frame will be used from a vehicle with VIN \_\_\_\_\_

I will surrender the original VIN plate of **Vehicle B** to the Kentucky Transportation Cabinet.

### SECTION 4: SIGNATURES & CERTIFICATIONS

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20, \_\_\_\_\_.

Attesting Official/Notary Signature & Title \_\_\_\_\_

My commission #: \_\_\_\_\_ My commission expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
MM DD YYYY