

KENTUCKY TRANSPORTATION CABINET
DEPARTMENT OF VEHICLE REGULATION
Division of Motor Vehicle Licensing
Frankfort, Kentucky 40602

TC 96-169
Rev. 1/99

Application for Motor Number or Vehicle Identification Number

Name of Owner _____ Kind of Vehicle: _____
(Passenger Car - Truck - Motorcycle - Trailer)

Address _____ Make of Vehicle _____
(No. and Street or Rural Route, City or P. O., State)

County of Residence _____ Year _____ Model _____ Body Style _____ Motive Power _____

Last licensed by present owner in _____
(County and State) _____ *(License No.)* _____ *(Year)*

If not previously licensed by present owner, procured from _____ Dimensions _____
(Name of Person or Firm Selling Vehicle to Owner)

Address of Seller _____ Date Procured _____
(No. and Street or Rural Route, City or P. O., State)

The undersigned licensee swears (or affirms) that he is the owner of the vehicle described herein and that there is no legible motor number or vehicle identification number on the motor, and requests that the Transportation Cabinet assign a motor number or vehicle identification number for this vehicle.

Subscribed and sworn to before me this _____ day of _____, _____

Owner's Signature

(Signed) _____
(Title) _____
My commission expires _____

Number Assigned _____ (Signed) _____
<i>(For Transportation Cabinet)</i>