

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

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APPLICATION FOR VEHICLE OR HULL IDENTIFICATION NUMBER

INSTRUCTIONS: Complete this application, attach required documentation as requested, and forward to the County Clerk's office in your county of residence. County Clerk information may be accessed at https://drive.ky.gov/Pages/County-clerks.aspx. All documents may be turned in at the Kentucky Transportation Cabinet's One Stop Shop, Rebuilt Support Section, 200 Mero Street, Frankfort KY 40622. Applicant signature and document notarization are required.

Applications submitted in person to the One Stop Shop will not be processed on that business day. Please attach the required documents as necessary.

- Proof of Ownership (pursuant to 601 KAR 9:080); Acceptable notarized proof of ownership is a title, bill of sale, registration, affidavit of ownership, or court order.
- Rebuilt Proof of Ownership (*pursuant to 601 KAR 9:200*) **NOTE:** If the vehicle or boat does not have a Vehicle Identification Number (VIN/HIN), a minimum of five (5) years of ownership is required before applying for a VIN/HIN.

If you are applying for a VIN plate for a **Classic Project** title, check this box.

If you are applying for a VIN for a **homemade trailer**, provide a copy of the receipts for parts used and a notarized statement

If you are applyi explaining wher	_		ade trailer, p	provide a copy of	the receipts for	parts used	and a nota	rized statement
SECTION 1: O	WNER/AF	PLICANT IN	IFORMATI	ON				
NAME			COUNTY OF RESIDENCE			EMAIL ADDRESS		
ADDRESS (street or rural route)			СІТУ			STATE	ZIP	PHONE
SECTION 2: V	FHICLE OF	R BOAT INFO	 DRMATIO	N				
VEHICLE TYPE Passenger Car			Truck Motorcycle Trailer			Boat	Other	
MAKE	KE YEAR		MODEL		BODY STYLE		TRAILER DIMENSIONS	
NAME (last known registration)			COUNTY LICENSE PLA			TE # YEAR		
ADDRESS (street or rural route)			CITY			STATE	ZIP	PHONE
SECTION 3: SI	ELLER INFO	ORMATION						
NAME			REASON FOR NON-EXISTENCE OF VIN			DATE OF SALE		
ADDRESS (street or rural route)			CITY			STATE	ZIP	PHONE
NAME (person i	in possession	n of vehicle)	LOCATIO	N (place where ve	hicle may be ins	spected by a	a Kentucky	Certified Inspector)
ADDRESS (person in possession of vehicle			CITY			STATE	ZIP	PHONE
	owner attests	that he or she i	is the owner o	of the vehicle/boat of Cabinet assign a VII				ole vehicle/boat
SIGNATURE (a)				Cabillet assign a vii			DATE	
Subscribed and	attested be	efore me this	date	/			MM	//
Attesting Officia	al/Notary Si	gnature & Tit	le					
FOR MVL USE	MVL USE ONLY Number Assigned: Signature							