KENTUCKY TRANSPORTATION CABINET
Division of Motor Vehicle Licensing
State Office Building
Frankfort, Kentucky 40622

TC 96-10
Rev. 12/98

KENTUCKY MOTOR VEHICLE DEALER / MANUFACTURER DEALER PLATE USAGE AUTHORIZATION REGISTER

IMPORTANT

PURSUANT TO KRS 186.070 THE DEALER PLATE USAGE AUTHORIZATION REGISTER IS REQUIRED TO BE FILED WITH THE COUNTY CLERK'S OFFICE AT THE END OF EACH QUARTER WITHIN SEVEN (7) CALENDAR DAYS FOLLOWING THE END OF THE QUARTER.

ALSO PURSUANT TO KRS 186.070(2)(a) AN UPDATED SUPPLEMENTAL DEALER PLATE USAGE AUTHORIZATION REGISTER LISTING ONLY THE NEW OR TERMINATED EMPLOYEE(S) SHALL BE FILED WITH THE COUNTY CLERK'S OFFICE WITHIN SEVEN (7) CALENDAR DAYS OF THE EMPLOYMENT OR TERMINATION OF A QUALIFYING EMPLOYEE(S).

_____
Dealership / Manufacturer's Name

_____
Dealership / Manufacturer's Address

_____
City *State* *Zip* *County*

_____ _____ _____
Social Security Number *Phone Number* *Dealer License Number*

As a properly registered motor vehicle dealer / manufacturer doing business at the above-named dealership / manufacturing location, I do hereby certify that the individuals subsequently listed do qualify per the statutes and regulations as bonafide salespersons or employees entitled to the use of the dealer plates issued by the county clerk's office annually to this dealership / manufacturer.

I also certify that the above-named firm as a properly licensed motor vehicle dealer / manufacturer shall file with the county clerk's office within seven (7) calendar days of the employment or termination of a qualifying employee an updated Supplemental Dealer Plate Usage Authorization Register listing only said new or terminated employee(s).

_____ _____
Dealer / Manufacturer's Signature *Date*

EMPLOYMENT STATUS							
ACTIVE	NEW	TERM	SOCIAL SECURITY NUMBER	SALESPERSON / EMPLOYEE NAME	STREET ADDRESS / CITY	STATE	ZIP

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DEALER PLATE USAGE AUTHORIZATION REGISTER

(Continuation Page)

THIS IS A CONTINUATION PAGE

FRONT PAGE OF AUTHORIZATION REGISTER IS ALSO REQUIRED TO BE FILLED OUT AND FILED WITH COUNTY CLERK'S OFFICE

____
Dealership / Manufacturer's Name

____
Dealership / Manufacturer's Address

____
County

______________ ______________ ______________
Social Security Number *Phone Number* *Dealer License Number*

EMPLOYMENT STATUS			SOCIAL SECURITY NUMBER	SALESPERSON / EMPLOYEE NAME	STREET ADDRESS / CITY	STATE	ZIP
ACTIVE	NEW	TERM					