



TRANSPORTATION CABINET
Division of Motor Vehicle Licensing
P.O. Box 2014
Frankfort, KY 40622

TC 96-153
1/09

**AFFIDAVIT SUPPORTING APPLICATION FOR LICENSE PLATES
FOR MANUFACTURERS AND DEALERS**

Commonwealth of Kentucky, County of _____

The affiant, _____ of
(Name of owner or authorized official)

(Name of manufacturer or dealer) (Number and street and/or rural route)

_____, Kentucky, states that
(City, town or post office) (County)

(he, she, they) (Electronic choose applicable words. Hard copy: Strike out words not applicable)

(Make of vehicle) (Passenger care, trucks, motorcycles)

and that the members of the firm, bona fide salesmen and employees who are entitled to the use of the dealer's license plates issued in the name of the above-named manufacturer or dealer are as follows:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		

(if more than 15 employees are authorized to use plates, attach list)



It is further stated that the dealer's license plates will be used only by a member of the firm registered or by a bona fide salesman or employee of the firm for purposes reasonably connected with the sale or demonstration for sale and delivery of motor vehicles, or by any manufacturer or dealer licensed as provided above in transporting any motor vehicle over the highways of this state to his place of retail business from a manufacturer or wholesale dealer in motor vehicles.

This statement is filed in compliance with KRS 186.070(2) and the necessary amendments thereto will be made and filed when required.

(Name of manufacturer or dealer)

By _____
(Title)

Subscribed and sworn to before me this _____ day of _____, 20 _____

(Person administering oath)

(Official title)

(Seal)

My commission expires: _____, 20 _____

IMPORTANT
(Please supply the following information)

PHONE NUMBER OF BUSINESS: _____

FEDERAL ID NUMBER: _____

MONTH OF INCORPORATION: _____

NUMBER (AMOUNT) OF DEALER TAGS DESIRED: _____

NAME OF TITLE CLERK: _____

HOME PHONE FOR ONE OFFICER OR AGENT: _____

NAME: _____ NUMBER: _____

INSTRUCTIONS TO COUNTY COURT CLERK: This affidavit must be made by owner or official- representative of the manufacturer or dealer and filed with you before the dealer's license is issued. It is to be **RETAINED** in your office.