



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

TC 96-229E
3/09

**KENTUCKY MOTOR VEHICLE INSPECTION
PERFORMED IN ANOTHER STATE**

I, _____, hereby certify that I am a resident of Kentucky temporarily
residing in _____ for at least thirty (30) days, but no longer than nine (9) months, and have purchased a motor
vehicle.
Full Name
State

Printed Name _____

Signature _____

Driver License Number _____ State _____

Odometer Reading _____

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

Notary Public _____

My Commission Expires _____

**TO BE COMPLETED BY STATE POLICE, LOCAL LAW ENFORCEMENT AGENCY OR VEHICLE INSPECTION
PROGRAM OF ANOTHER STATE.**

Name of Owner _____

Vehicle Year _____ Make _____

Vehicle Identification Number (VIN) (must be 17 digits) _____

Body Style _____ Current State of Registration (if any) _____

Current Vehicle License Number _____ Current Vehicle Title Number _____

Odometer Reading _____

I certify this vehicle complies with all requirements of the inspection program of the State of _____

Printed Name of Person Performing Inspection _____

Agency _____ Title _____

Signature _____ Date _____