

FLEET CHECK-IN SHEET

(Complete the top portion and return to Room 136 with all fleet paperwork.)

Please include your fleet contact's current email address, check-in info will only be sent via email starting in 2024

Date: _____ Checked-in by: _____ Dropped off by: _____
(Deputy Clerk)

Registered Owner Name(s): _____

Address: _____ LEXINGTON KY
(Physical Street Address or PO Box) City State Zip

Would you like to update ALL of your mailing addresses to the address above? Yes No

OF REGISTRATIONS SUBMITTED _____ # OF TAXES SUBMITTED _____

FEID/SSN(s): _____
(Include the Federal ID Numbers/Social Security Numbers for each name listed on all registrations.)

Contact Name: _____ Contact Phone: _____ Contact Fax: _____

Contact Email: _____ Preferred method of contact? Phone E-mail

Special Requests by Customer: _____

Be sure to include:

1. ORIGINAL registrations for each vehicle (not the postcard reminder you received in the mail)
2. To replace a missing or non-original registration please sign the attached affidavit. If notarized outside of our office the cost is \$3.00. If notarized in our office the cost is \$6.00.
3. Proof of insurance for each vehicle OR fleet insurance card with no VIN
4. 2290 forms for vehicles with weighted plates of 55,000 lbs. or more

If you have any questions or need assistance, please email fleet@FayetteCountyClerk.com or call the office at (859) 253-3344 and ask for Fleets.

FOR CLERK'S OFFICE USE ONLY

Date Completed: _____ By: _____ Customer's Name _____

Registration Total Due: \$ _____ # of Renewals: _____

Tax Total Due: \$ _____ # of Tax: _____

Dup/Post/Misc Due: \$ _____ # of Other: _____

Total Due: \$ _____ NAIC# _____

Check # / Check Total Included \$ _____

Clerk's Remarks: _____



Kentucky Transportation Cabinet
 Department of Vehicle Regulation
Division of Motor Vehicle Licensing

TC 96-167
 Rev: 10/2014

AFFIDAVIT FOR REPLACEMENT OR NON-EXCHANGE

KRS 186A.990 states: Any person knowingly giving false information in connection with an application or title shall be guilty of forgery in the second degree.

When making application for a duplicate title on a vehicle, please use TC 96-182, *Application for Title or Registration*.

Affidavit for Replacement County: _____

I CERTIFY THAT MY

- Certificate of Registration
- Registration Plate
- Decal

IS

- Lost
- County Change
- Stolen
- Destroyed
- Rusted
- Other

Describe

I hereby request a replacement for Registration Certificate, Registration Plate, or Decal # _____

Owner(s) Name	ID (SSN or DL#)	Owner(s) Name	ID (SSN or DL#)
Street Address	City	State	Zip
Signature	Date	Signature	Date

Affidavit for Non-Exchange County: _____

Title or Registration CTL # _____

I CERTIFY BASED ON THE FOLLOWING TITLE ACTION:

- Repo
- Junked Vehicle
- Salvage Title
- Title Only Transfer

OR REGISTRATION ACTION

- Plate Replacement
- Vehicle Type Conversion
- Registration Conversion
- Registration Cancel

that the **License Plate** assigned to the motor vehicle or owner herein:

VIN _____ Plate _____

and Decal _____ described and currently registered in the Commonwealth of Kentucky does not accompany the associated documents related to the aforementioned action because of the following non-exchange

- reason:
- Lost
 - Stolen
 - Destroyed
 - Special Plate
 - Out of State
 - Other

Describe

Name of Company or Dealership	ID (SSN or DL#)	Owner(s) Name	ID (SSN or DL#)
Lending Institution	Street Address	City	State Zip
Street Address	City	State	Zip
Signature of Authorized Representative	Date	Owner's Signature	Date

Notary for Replacement or Non-Exchange

Subscribed and attested before me on this date _____
 MM DD YY

My Commission Expires _____
 MM DD YY

 Attesting Official or Notary Signature and Title