



Address: 150 N. Provident Way
Elizabethtown, KY 42701
Website: WWW.HCCOKY.ORG
Phone: 270-765-2171

INSTRUCTIONS FOR A DUPLICATE KENTUCKY TITLE

- In order to obtain a duplicate Kentucky title, the attached application must be filled in, signed by the registered owner(s), and notarized. If the vehicle is in joint ownership using the conjunction “AND” or has no conjunction, both must sign for the duplicate. No one can sign for the duplicate other than the registered owner unless they have a power of attorney or in case of a death they have appointed an executor/executrix or an administrator/administratrix. In these cases we would need documentation.
- The title application address must reflect the address you want this mailed to.
- The mileage is required on the application, with the appropriate box marked, if applicable.
- The fee for a duplicate title is \$6.00 and may take up to one week to receive once it is processed. This fee along with the application must be mailed back to our office at the address below.

Hardin County Clerks Office
Attn: Vehicle Registration
150 N. Provident Way Suite 103
Elizabethtown, KY 42701

If you have any questions please call us at (270) 765-2171

The following form on the NEXT page is in PDF format, which will allow you to fill out everything highlighted before you print. Make sure the form is signed and notarized in the appropriate spot.

PLEASE INPUT THE FOLLOWING INFORMATION BEFORE PRINTING

OWNER INFORMATION

Owner	
Co-owner (if applicable)	
Owner Birthdate	
Co-owner Birthdate (if applicable)	
Owner SS#	
Co-Owner SS# (if applicable)	
Mailing Street Address	
City	
State	
Zip	
Phone Number	

VEHICLE INFORMATION

VIN	
Year	
Make	
Model	
Color	
Mileage	
Check mark box only if this applies	*Mileage Exceeds Limits
Check mark box only if this applies	*Mileage Not Actual



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing

TC 96-182
01/2024

APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE OR REGISTRATION

Check the type of application desired _____ <input type="checkbox"/> Duplicate <input type="checkbox"/> Title Only <input type="checkbox"/> Transfer <input type="checkbox"/> First Time <input type="checkbox"/> Salvage <input type="checkbox"/> Classic																						
If Duplicate is checked, the original Certificate of Title is: _____ <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Damaged <input type="checkbox"/> Illegible <input type="checkbox"/> Other																						
Vehicle Identification Section	CERTIFIED INSPECTOR SECTION																					
VIN _____ Make _____	I, (Certified Inspector – Print Name) _____																					
Year _____ Body Style _____ Model _____ Model No. _____ Color _____	of _____ County, Phone No. _____																					
Motor No. _____ Cylinders _____ Truck Weight _____ (if motorcycle)	do certify under the penalty provisions of KRS 186A.115(4)(d) that I have physically inspected the vehicle described herein to be roadworthy and that the supporting documents are consistent with the vehicle description.																					
TITLE BRAND DISCLOSURE	THE VEHICLE HAS AN ODOMETER READING OF _____ NO TENTHS																					
Check appropriate block if: <input type="checkbox"/> Rebuilt Vehicle <input type="checkbox"/> Water Damage	THE VEHICLE IDENTIFICATION NUMBER IS:																					
If block is checked and title does not include brand, provide jurisdiction _____ and title number _____ if previous brand was issued.	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
	INSPECTION REQUESTED																					
	BY _____																					
	OWNER DRIVER LICENSE NO. & STATE _____																					
	CERTIFIED INSPECTOR'S SIGNATURE _____ INSPECTOR NO. _____ DATE _____																					

ODOMETER DISCLOSURE **CAUTION READ CAREFULLY BEFORE YOU CHECK A BLOCK******
49 USC Sec. 32705 and KRS 190.300 require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

_____ (no tenths)
Odometer Reading

☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage. **WARNING – ODOMETER DISCREPANCY.**

TOTAL CONSIDERATION AND TRADE-IN INFORMATION

Sale Price \$	Trade In \$	Net Cost \$	Tax \$
Make _____ Year _____ VIN No. _____ Title No. _____	Make _____ Year _____ VIN No. _____ Title No. _____		

Date of Sale _____

Seller and buyer certify pursuant to the penalty provisions of KRS 190.990(5), that each has supplied true and correct total consideration information to the best of their knowledge and belief in this document, including the above affidavit.

JOINT OWNERSHIP: ☐ OR ☐ AND **NOTE: If neither box is checked the Title Transfer shall require both signatures.**

NAME OF SELLER _____ DEALER NO. _____	NAME OF OWNER/BUYER _____ Ky DL#, KY ID#, S.S.#, or FEIN _____ BIRTH DATE. _____
STREET ADDRESS _____ PHONE NO. _____	NAME OF OWNER/BUYER _____ Ky DL#, KY ID#, S.S.#, or FEIN _____ BIRTH DATE. _____
CITY _____ COUNTY _____ STATE _____ ZIP _____	STREET ADDRESS _____ PHONE NO. _____
EMAIL ADDRESS _____	CITY _____ COUNTY _____ STATE _____ ZIP _____

I (☐ have) (☐ have not) applied for a loan in connection with the vehicle described herein and if not, I (☐ will) (☐ will not) apply for a loan within 30 days of this application.

LESSEE NAME OR OTHER _____	FIRST LIENHOLDER _____
LESSEE ADDRESS _____	ADDRESS _____
CITY _____ COUNTY _____ STATE _____ ZIP _____	COUNTY LIEN TO BE FILED IN _____
SELLER'S SIGNATURE _____	OWNER/BUYER(S) SIGNATURE(S) _____
SELLER'S SIGNATURE _____ DATE OF TRANSFER _____	OWNER/BUYER(S) SIGNATURE(S) _____
Attesting Official _____ Title _____	Attesting Official _____ Title _____
Subscribed and attested before me this _____ day of _____ 20 _____	Subscribed and attested before me this _____ day of _____ 20 _____
My commission #: _____ Expiration: _____	My commission #: _____ Expiration: _____

COUNTY CLERK USE ONLY		

I certify subject to the penalty provisions of KRS 190.990(5) that I have reviewed this application and the documents supporting it and that the same are present and consistent with this application; that I received the application on the date and time indicated hereon and that fees were collected as indicated. I further certify that the required information has been entered into the automated vehicle identification system (AVIS).

SIGNATURE & TITLE OF ISSUER _____ COUNTY _____ DATE _____
I certify that the lien indicated to be filed has been noted into the automated system and that a title will be withheld for 30 days, or until financing statement and fees required are received, whichever occurs first.
Signature _____ Date _____
DO NOT ACCEPT TITLE OR APPLICATION SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS. MUST BE COMPLETED IN BLUE OR BLACK INK IF NOT COMPLETED ON-LINE.