COMMONWEALTH OF KENTUCKY TRANSPORTATION CABINET DIVISION OF MOTOR VEHICLE LICENSING FRANKFORT, KY 40622

AFFIDAVIT OF INCOMPLETE TRANSFER

I,, hereby certify that I have transferred my interest in the following				ollowing described
vehicle:	Year	Make	VIN#	
to				By executing an
assignmen	nt and warranty of t	itle to the transferee in the space	e provided therefore on the Ce	rtificate of Title, and
executing	the applicable porti	ons of the vehicle transactions r	ecord (TC 96-182) as provide	d by KRS 186A.215(1).
This vehic	ele was sold on the	day of		
I request f	urther registration	on this vehicle be restricted as p	rovided by law until this trans	fer has bee processed.
		re me this day	Signature of Owne	r(s)
Title			Address	
			City, State, Zip	
iviy Collilli	ission Expires		Owner's SSN	