



**REQUEST FOR MOTOR VEHICLE OR BOAT RECORD  
THAT INCLUDES PERSONAL INFORMATION**

Mail to:

PO Box 2014, Frankfort KY 40601-2014

**TO BE COMPLETED BY A GOVERNMENTAL AGENCY**

This information is requested solely for the benefit and use of carrying out the functions of a government agency.

Select all applicable boxes.

Odometer or Mileage Discrepancy

Copy of Certificate of Origin

Signature Verifications

Copy of O/S Title

Tax Purposes

Copy of VTR or Supporting Documents

Owner Information

Copy of Current Title

Clerk Error or Correction

Certify Documents

Transfer Dates

Court Documents

Complete History

Other (Specify.) \_\_\_\_\_

VIN or HIN Number \_\_\_\_\_

Title \_\_\_\_\_

License Plate \_\_\_\_\_

Printed name of person making request \_\_\_\_\_

Agency or Company (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

STATE OF \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Attested before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

DL# \_\_\_\_\_ State of Issuance \_\_\_\_\_

Notary/Attesting Official Signature and Title \_\_\_\_\_

My Commission expires: \_\_\_\_\_

MM DD YY

FOR MVL USE ONLY	
Date Processed	_____
Fees Collected	_____
Clerk's Initials	_____