



KENTUCKY TRANSPORTATION CABINET
DIVISION OF MOTOR VEHICLE LICENSING

TC 96-336
Rev. 05/2022
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LIMITED POWER OF ATTORNEY TO TRANSFER OWNERSHIP & DISCLOSE MILEAGE

The Kentucky Transportation Cabinet prescribes this form for use in vehicle ownership transfer in compliance with KRS186A.215 and KRS 457.030 (4).

INSTRUCTIONS: Attach this form to your title and registration application and forward to your county clerk.

SECTION 1: PURCHASED VEHICLE INFORMATION

Form fields for Section 1: YEAR, MAKE, MODEL, VIN, BODY TYPE, CURRENT PLATE #, and Odometer reading.

SECTION 2: TRADE-IN VEHICLE INFORMATION

Form fields for Section 2: YEAR, MAKE, MODEL, VIN, BODY TYPE, CURRENT PLATE #, and Odometer reading.

SECTION 3: VEHICLE OWNER OR LESSEE INFORMATION & STATEMENT

Form fields for Section 3: NAME, EMAIL ADDRESS, PHONE, ADDRESS, CITY, STATE, ZIP.

I/we (Vehicle Owner Name), appoint (Attorney-in-Fact Full Legal Name),

(Attorney-in-Fact Address) (City) (State) (Zip)

as my/our attorney-in-fact, authorized to apply for original or replacement certificates of title for the vehicle stated above, disclose the most current mileage on the vehicle, and transfer title to said vehicle.

Please read carefully. Only mark this section if the vehicle complies with one of the designations below:

- I hereby certify that, to the best of my knowledge, the odometer reading reflects mileage in excess of its mechanical limits.
I hereby certify that the odometer reading is NOT the actual mileage. WARNING-ODOMETER DISCREPANCY

I hereby confer, give, and grant unto my attorney-in-fact full power to execute any and all documents necessary to complete the transfer of ownership of the vehicle described above, including, but not limited to, an application for original or duplicate title, registrations, license plates, and registration renewals and mileage verifications.

The undersigned owner further certifies that this power-of-attorney was completely filled in at the time of its execution.

(Vehicle Owner 1 Signature) (Date) (Vehicle Owner 2 Signature) (Date)

SECTION 4: NOTARY INFORMATION & SIGNATURE

Form fields for Section 4: NOTARY FULL LEGAL NAME, EMAIL ADDRESS, PHONE, ADDRESS, CITY, STATE, ZIP.

I, the undersigned notary public, do hereby certify that the above named owner of the vehicle identified in this appointment of attorney-in-fact executed this form in my presence and that said owner was proven to be the person named by the use of

the following form of positive picture identification: Driver License (preferred) DL #: Other

Subscribed and attested before me on this day of, 20.

My commission #:

Notary Signature and Title My commission expires (MM) / (DD) / (YYYY)