

Bobbie Holsclaw
JEFFERSON COUNTY CLERK

527 WEST JEFFERSON STREET

LOUISVILLE, KENTUCKY 40202 **AFFIDAVIT OF INCOMPLETE TRANSFER**

(502)574-5700

FAX: (502)574-5566

I, _____, hereby certify that I have transferred my interest in the following described vehicle, year _____, make

and vehicle identification number _____ to

_____ by executing an assignment and warrant of title to the transferee in the space provided therefore on the Certificate of Title and executing the applicable portions of the Application for Title/Registration (TC96-182) as provided by KRS 186A.215(1).

I further request registration on the vehicle be restricted as provided by law until this transfer has been processed.

Signature of owner(s)

Address

City, State, Zip Code

Owner's SSN

Subscribed and sworn to before me this _____ day of _____, 19____.

Signature _____ Title

My commission expires