## Kentucky Transportation Cabinet



## Division of Motor Vehicle Licensing AFFIDAVIT OF INCOMPLETE TRANSFER

Complete and submit this form to your County Clerk's office for processing.

l,	hereby certify that on or about	I transferred my
Seller/Transferor Name		
interest in the following described vehicle: Ye	ear, Make	_ , Vehicle Identification Number
to _		by executing an
	Buyer Name, Address, City, State, Zip	
assignment and warranty of title to the transfe applicable portions of the vehicle transaction re	·	•
I request further registration on this vehicle be	restricted as provided by law until thi	s transfer has been processed.
Signature of Seller/Transferor		
Address		
City	State	Zip
Subscribed and attested to before me this dat	e/ / My commission	n expires/
Attesting Official/Notary Signature/Title		