Registration Plate #



Unit #

Year

Kentucky Transportation Cabinet Division of Motor Carriers CERTIFICATE OF MOTOR VEHICLE EQUIPMENT LEASE

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007 Phone: (502)564-4127 8:00 am - 4:30 pm EST Walk-ins: 8:00 am - 4:00 pm EST http://transportation.ky.gov/dmc

This is to certify that the following described motor vehicle has been leased by the undersigned lessor, the owner thereof, to the undersigned Lessee (one power unit only):

Serial # (VIN)

Make	Unit #	Year	Serial # (VIN)	Plate #	State	
			oing motor vehicle equipment has be the Kentucky Motor Carrier Act as			
regulation Lease Ag	s of the Kentu greement that	icky Trans t may be	portation Cabinet adopted pursuant to in conflict with the rules and re mended to comply with such rules and	thereto. Any provis egulations of the	sion in the	
WITNESS	OUR HANDS	S THIS	DAY OF	20		
	LESS	SOR		LESSEE		
BY:			BY:			
	NAME ar	nd IIILE	N.	AME and TITLE		
ADDRESS				ADDRESS		
WITNESS	SED:					