

DEBBIE  
**DONNELLY**  
HARDIN COUNTY CLERK



Address: 14 Public Square  
Elizabethtown, KY 42701  
Website: [WWW.HCCOKY.ORG](http://WWW.HCCOKY.ORG)  
Phone: 270-765-4115

## **INSTRUCTIONS FOR A DUPLICATE KENTUCKY TITLE**

- In order to obtain a duplicate Kentucky title, the attached application must be filled in, signed by the registered owner(s), and notarized. If the vehicle is in joint ownership using the conjunction “AND” or has no conjunction, both must sign for the duplicate. No one can sign for the duplicate other than the registered owner unless they have a power of attorney or in case of a death they have appointed an executor/executrix or an administrator/administratrix. In these cases we would need documentation.
- The title application address must reflect the address you want this mailed to.
- The mileage is required on the application, with the appropriate box marked, if applicable.
- The fee for a duplicate title is \$6.00 and may take up to one week to receive once it is processed. This fee along with the application must be mailed back to our office at one of the addresses below.

### **Regular Mail**

Hardin County Clerks Office  
Attn: Vehicle Registration  
P.O. Box 1030  
Elizabethtown, KY 42702

### **Over-Night Mail**

Hardin County Clerks Office  
Attn: Vehicle Registration  
150 N. Provident Way  
Suite 103  
Elizabethtown, KY 42701

**If you have any questions please call us at (270) 765-2171**

**The following form on the NEXT page is in PDF format, which will allow you to fill out everything highlighted before you print. Make sure the form is signed and notarized in the appropriate spot.**

**PLEASE INPUT THE FOLLOWING INFORMATION  
BEFORE PRINTING**

**OWNER INFORMATION**

Owner	
Co-owner (if applicable)	
Owner Birthdate	
Co-owner Birthdate (if applicable)	
Owner SS#	
Co-Owner SS# (if applicable)	
Mailing Street Address	
City	
State	
Zip	
Phone Number	

**VEHICLE INFORMATION**

VIN	
Year	
Make	
Model	
Color	
Mileage	
Check mark box only if this applies	*Mileage Exceeds Limits
Check mark box only if this applies	*Mileage Not Actual



APPLICATION FOR KENTUCKY CERTIFICATE OF TITLE OR REGISTRATION

Check the type of application desired [ ] Duplicate [ ] Title Only [ ] Transfer [ ] First Time [ ] Salvage [ ] Classic
If Duplicate is checked, the original Certificate of Title is: [ ] Lost [ ] Destroyed [ ] Damaged [ ] Illegible [ ] Other

Vehicle Identification Section: VIN, Make, Year, Body Style, Model, Model No., Color, Motor No., Cylinders, Truck Weight.
CERTIFIED INSPECTOR SECTION: I, (Certified Inspector - Print Name) of County, Phone No. do certify under the penalty provisions of KRS 186A.115(4)(d) that I have physically inspected the vehicle described herein to be roadworthy and that the supporting documents are consistent with the vehicle description.
THE VEHICLE HAS AN ODOMETER READING OF NO TENTHS
THE VEHICLE IDENTIFICATION NUMBER IS:
INSPECTION REQUESTED BY
OWNER DRIVER LICENSE NO. & STATE
CERTIFIED INSPECTOR'S SIGNATURE INSPECTOR NO. DATE

ODOMETER DISCLOSURE \*\*\*\*CAUTION READ CAREFULLY BEFORE YOU CHECK A BLOCK\*\*\*\*
49 USC Sec. 32705 and KRS 190.300 require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.
Odometer Reading (no tenths)
[ ] 1. The mileage stated is in excess of its mechanical limits.
[ ] 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

TOTAL CONSIDERATION AND TRADE-IN INFORMATION

Table with 4 columns: Sale Price \$, Trade In \$, Net Cost \$, Tax \$

Table with 4 columns: Date of Sale, Make, Year, VIN No., Title No. (repeated for two rows)

Seller and buyer certify pursuant to the penalty provisions of KRS 190.990(5), that each has supplied true and correct total consideration information to the best of their knowledge and belief in this document, including the above affidavit.

JOINT OWNERSHIP: [ ] OR [ ] AND NOTE: If neither box is checked the Title Transfer shall require both signatures.

NAME OF SELLER DEALER NO.

NAME OF OWNER/BUYER S.S.#, KyDL#, or Govt. issued # BIRTH MO.

STREET ADDRESS PHONE NO.

NAME OF OWNER/BUYER S.S.#, KyDL#, or Govt. issued # BIRTH MO.

CITY COUNTY STATE ZIP

STREET ADDRESS PHONE NO.

EMAIL ADDRESS

CITY COUNTY STATE ZIP

EMAIL ADDRESS

I [ ] (have) [ ] (have not) applied for a loan in connection with the vehicle described herein and if not, I [ ] (will) [ ] (will not) apply for a loan within 30 days of this application.

LESSEE NAME OR OTHER

FIRST LIENHOLDER

LESSEE ADDRESS

ADDRESS

CITY COUNTY STATE ZIP

COUNTY LIEN TO BE FILED IN

SELLER'S SIGNATURE

OWNER/BUYER(S) SIGNATURE(S)

SELLER'S SIGNATURE DATE OF TRANSFER

OWNER/BUYER(S) SIGNATURE(S)

Attesting Official Title

Attesting Official Title

Subscribed and attested before me this day of 20

Subscribed and attested before me this day of 20

My commission #: Expiration:

My commission #: Expiration:

COUNTY CLERK USE ONLY

Table with 4 columns: TYPE APPLICATION, DATE OF ISSUANCE, TITLE NO., PLATE NO.

I certify subject to the penalty provisions of KRS 190.990(5) that I have reviewed this application and the documents supporting it and that the same are present and consistent with this application; that I received the application on the date and time indicated hereon and that fees were collected as indicated. I further certify that the required information has been entered into the automated vehicle identification system (AVIS).

SIGNATURE & TITLE OF ISSUER COUNTY DATE

Signature Date

DO NOT ACCEPT TITLE OR APPLICATION SHOWING ANY ERASURES, ALTERATION, OR MUTILATIONS. MUST BE COMPLETED IN BLUE OR BLACK INK IF NOT COMPLETED ON-LINE.