

PLEASE PRINT OR TYPE

Check appropriate box:

Commonwealth Of Kentucky
Transportation Cabinet
Division Of Motor Vehicle Licensing
Frankfort, Kentucky 40622

TC 96-220
Rev. 3/90

APPLICATION FOR SPECIAL LEGISLATIVE PLATES

First-time application <input type="checkbox"/>	Year	
Renewal <input type="checkbox"/>	County	
Name:	Senator <input type="checkbox"/>	District Number
	Representative <input type="checkbox"/>	

Mailing Address:

I hereby apply for a motor vehicle license plate bearing the District Number above to be issued in the county indicated. I am the _____ of this District and my term expires _____ .

Signature of Applicant

Submit application with a check for the appropriate amount made payable to Kentucky State Treasurer to the above address.