

TRANSPORTATION CABINET
Department of Vehicle Regulation
Division of Motor Vehicle Licensing
Frankfort, KY 40622

STATEMENT OF EMPLOYER SUPPLYING MOTOR VEHICLE

Name of Employer: _____

Address: _____

City: _____ State _____ Zip Code _____

Name of Employee: _____

Address: _____

City: _____ State _____ Zip Code _____

The employee whose name appears above has been provided the full-time exclusive use of a motor vehicle whose identification number is:

The employee has the permission of his employer to place a special license plate on the vehicle.

Officer of the Company: _____

Title: _____