



Kentucky Transportation Cabinet  
Division of Motor Vehicle Licensing  
**TEMPORARY TAG LOG**  
PO BOX 2014, Frankfort KY 40622

TC 96-210  
Rev. 07/2010  
Page 1 of 1

Dealer Name

Phone ( Include Area Code )

Note: This Log must be made available to law enforcement officers upon request and kept for a period of two years.

City of Principal Place of Business

Sales' Person	Temporary Tag Number	Date of Delivery	Expiration Date	Purchaser's Name	Full Vehicle ID Number	Make	Year

Signed by \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Dealer Representative

This form is filed in compliance with KRS 186A.100 and KRS 186A.105 and necessary changes thereto will be made and filed when required.