KENTUCKY TRANSPORTATION CABINET
Division of Motor Vehicle Licensing
P.O. Box 2014
Frankfort, KY 40622

TC96-210
July, 2010

TEMPORARY TAG LOG

_____
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.