



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**EXPORT APPLICATION FOR A MOTOR VEHICLE**

DATE
CERTIFICATE OF TITLE NUMBER

**PLEASE TYPE OR PRINT**

**OWNER SECTION**

OWNER(S) NAME (as appears on title)			
OWNER ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE <b>X</b>		PHONE	

**SECURED PARTIES**

NAME			
ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE <b>X</b>		PHONE	
NAME			
ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE <b>X</b>		PHONE	

**VEHICLE INFORMATION**

VEHICLE COLOR	LICENSE NUMBER	CURRENT ODOMETER READING
PURPOSE OF EXPORT (check one) <input type="checkbox"/> SALE <input type="checkbox"/> LEASE <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> OTHER EXPLAIN OTHER		
DESTINATION VEHICLE		

**RECEIPT TO BE DELIVERED TO**

NAME			
ADDRESS	CITY	STATE	ZIP CODE
SECURED PARTIES TO BE NOTED ON RECEIPT			
<input type="checkbox"/> DECLARATION OF TEMPORARY EXPORT (Temporary)			
<input type="checkbox"/> CERTIFIED RECEIPT OF TITLE CANCELLATION (Permanent)			
DATE OF EXPORT	DATE OF RETURN		

**MAIL TITLE AND THIS APPLICATION TO**

OHIO BUREAU OF MOTOR VEHICLES  
TITLING SUPPORT & DEALER LICENSING SECTION  
P.O. BOX 16520  
COLUMBUS OH 43216-6520