



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

EXPORT APPLICATION FOR A MOTOR VEHICLE

DATE
CERTIFICATE OF TITLE NO.

PLEASE TYPE OR PRINT

OWNER SECTION

OWNER(S) NAME (as appears on title)			
OWNER ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE X		PHONE NO. ()	

SECURED PARTIES

NAME			
ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE X		PHONE NO. ()	
NAME			
ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE X		PHONE NO. ()	

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
TITLE AND CUSTOMER SERVICES, D.R.A.T.S.S.
PO BOX 16520
COLUMBUS OH 43216-6520