



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**REQUEST FOR CANCELLATION
OF SCHOOL BUS IDENTIFICATION NUMBER**

NAME OF OWNER		
TELEPHONE #	TAX ID #	COUNTY

LIST BUS TO BE REMOVED FROM SERVICE

BUS I.D. #	VEHICLE YEAR	MAKE
SERIAL # / VIN		

REASON FOR REMOVAL

SIGNATURE OF OWNER REQUESTING CANCELLATION X	DATE
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SEND TO:

Ohio Bureau of Motor Vehicles
Vehicle Information Services / Special Plates Unit
P.O. Box 16521
Columbus, Ohio 43216-6521

You may fax this form to (614) 995-4739.

If you have any questions please call (614) 752-7518.