



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

OUT OF STATE INSPECTION STATION

REQUEST FORMS TO BE:

MAILED

PICKED UP

LOCATION FOR PICK UP:
1970 W. BROAD ST.
COLUMBUS, OH 43223

PLEASE TYPE OR PRINT LEGIBLY

NAME	INSPECTION STATION NUMBER	
BUSINESS ADDRESS	DEALER PERMIT NUMBER	
CITY	STATE	ZIP CODE

QUANTITY
(25 PER PACK)

- + REQUESTS ARE TO BE MADE IN INTERVALS OF TWENTY FIVE
- + INVENTORIES KEPT ON HAND SHOULD BE AT LEAST THREE MONTHS SUPPLY
- + FAX REQUESTS ARE FOR NEXT DAY PICK-UP.
(Upon arrival dial 2-7636 from the courtesy phone in the lobby)

REQUEST FOR FORMS TO BE MAILED MAY BE MADE VIA FAX OR MAIL.

MAIL REQUEST:	FAX REQUEST:
Ohio Bureau of Motor Vehicles Attn: Dealer Licensing P.O. Box 16521 Columbus OH 43216-6521	Shiple Building: 1970 W. Broad St. Fax: 614-752-7220

AUTHORIZED DEALER SIGNATURE X	DATE
---	------