



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR CERTIFIED COPY AND/OR DUPLICATE PERMIT**

- CERTIFIED COPY (Secondary Location)  
Complete #1 Through #12
- DUPLICATE PERMIT  
Complete #1, #3, #4, #11 and #12

**1. PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION:**

BUSINESS NAME OF MAIN LOCATION			PERMIT NUMBER
BUSINESS STREET ADDRESS OF MAIN LOCATION			BUSINESS PHONE NUMBER ( )
CITY	STATE	ZIP CODE	COUNTY

**2. SECONDARY LOCATION INFORMATION**

BUSINESS NAME OF PROPOSED SECONDARY LOCATION			BUSINESS PHONE NUMBER ( )
DBA OR FICTITIOUS TRADE NAME – If Applicable			ALTERNATIVE PHONE NUMBER ( )
PROPOSED SECONDARY LOCATION BUSINESS STREET ADDRESS			FACSIMILE NUMBER ( )
CITY	STATE	ZIP CODE	EMAIL ADDRESS

**3. USING A BLACK PEN, SHADE IN A BOX IN EACH COLUMN, UNDER DEALERSHIP COUNTY, TO INDICATE THE COUNTY NUMBER IN WHICH YOUR DEALERSHIP IS LOCATED. SEE CHART BELOW FOR THE APPROPRIATE COUNTY NUMBER.**

01	ADAMS	16	COSHOCTON	31	HAMILTON	46	LOGAN	61	NOBLE	76	STARK
02	ALLEN	17	CRAWFORD	32	HANCOCK	47	LORAIN	62	OTTAWA	77	SUMMIT
03	ASHLAND	18	CUYAHOGA	33	HARDIN	48	LUCAS	63	PAULDING	78	TRUMBULL
04	ASHTABULA	19	DARKE	34	HARRISON	49	MADISON	64	PERRY	79	TUSCARAWAS
05	ATHENS	20	DEFIANCE	35	HENRY	50	MAHONING	65	PICKAWAY	80	UNION
06	AUGLAIZE	21	DELAWARE	36	HIGHLAND	51	MARION	66	PIKE	81	VAN WERT
07	BELMONT	22	ERIE	37	HOCKING	52	MEDINA	67	PORTAGE	82	VINTON
08	BROWN	23	FAIRFIELD	38	HOLMES	53	MEIGS	68	PREBLE	83	WARREN
09	BUTLER	24	FAYETTE	39	HURON	54	MERCER	69	PUTNAM	84	WASHINGTON
10	CARROLL	25	FRANKLIN	40	JACKSON	55	MIAMI	70	RICHLAND	85	WAYNE
11	CHAMPAIGN	26	FULTON	41	JEFFERSON	56	MONROE	71	ROSS	86	WILLIAMS
12	CLARK	27	GALLIA	42	KNOX	57	MONTGOMERY	72	SANDUSKY	87	WOOD
13	CLERMONT	28	GEAUGA	43	LAKE	58	MORGAN	73	SCIOTO	88	WYANDOT
14	CLINTON	29	GREENE	44	LAWRENCE	59	MORROW	74	SENECA		
15	COLUMBIANA	30	GUERNSEY	45	LICKING	60	MUSKINGUM	75	SHELBY		

Butler Co. = 09		<b>DEALERSHIP COUNTY</b>	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**4. CHECKS PAYABLE TO "OHIO TREASURER KEVIN L. BOYCE" (DO NOT SEND CASH).**

A) PERMIT (DUPLICATE OR SECONDARY LOCATION)	1	@ \$ 4.00	= \$4.00
B) MASTER PLATE (See notes for qualifications)		@ \$50.25	=
C) POSTAGE (Required if plate(s) are requested)		\$ 2.75	=
D) ADDITIONAL PLATE(S)		\$10.25 each	=
<b>FEES ARE NON-REFUNDABLE</b>			<b>TOTAL FEES DUE</b>

**NOTE:** If the proposed secondary location is in the same taxing district as the main location, you do not qualify for a separate series of dealer license plates. However, you may request an application for additional license plates for the main location. The plates may be used by the secondary location. If the proposed secondary location is located in a different taxing district than the main location, you must obtain a separate dealer license plate series and pay appropriate fees. See (4B) (4C) and (4D).

5. **APPLICANTS FOR SECONDARY LOCATION ONLY:**

Indicate the vendor's number for the secondary location

VENDOR'S NUMBER

6. **INDICATE THE TYPE OF VEHICLES THAT WILL BE SOLD AT THE SECONDARY LOCATION:**

- Input boxes for New Motor Vehicles, Used Motor Vehicles, Motorcycles, New Manufactured Homes, Trailers, All Purpose Vehicles, Off-Highway Motorcycles, Used Manufactured Homes, Recreational Vehicles, Remanufactured Vehicles.

7. **NEW MOTOR VEHICLE DEALERS ONLY:** Indicate each NEW make to be sold at the secondary location and submit Statements of Contract, BMV 4319, for each.

Table with 6 empty columns for listing vehicle makes.

8. **ARE YOU OR DO YOU INTEND ON SHARING THE PROPOSED BUSINESS LOCATION WITH ANOTHER LICENSED MOTOR VEHICLE DEALER?**

YES NO

If yes, indicate the business name and, if available, the permit number of the other dealer and submit a certificate of compliance form BMV 4347.

BUSINESS NAME PERMIT NUMBER

9. **WAS THE PROPOSED SECONDARY BUSINESS LOCATION PREVIOUSLY OCCUPIED BY ANOTHER LICENSED MOTOR VEHICLE DEALER?**

YES NO

If yes, give the business name, if available.

SECONDARY BUSINESS NAME

10. **SUBMIT PHOTOGRAPHS OF THE PROPOSED BUSINESS LOCATION'S LOT, OFFICE, (INSIDE AND OUTSIDE), AND BUSINESS SIGN.\***

\*THE SIGN MUST BE PERMANENT, IN THE EXACT BUSINESS NAME, WITH AT LEAST SIX INCH HIGH LETTERS.\*

YOU WILL LOSE YOUR DRIVER LICENSE FOR AT LEAST 90 DAYS IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
• It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
• PROOF OF COVERAGE IS REQUIRED: • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • After certain automobile crashes • Upon random checks by the Registrar of Motor Vehicles.
• ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL • Lose his or her driver license for 90 DAYS on first offense, ONE YEAR on second offense and TWO YEARS on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$75.00 first offense, \$250.00 for second offense, and \$500.00 any additional offense • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
• ONCE THIS SUSPENSION IS IN EFFECT: Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
• IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above, you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
• THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.
• WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.

11. I affirm that the owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle(s) without FR coverage; and will not be used as a commercial vehicle unless so registered.

X SIGNATURE (OWNER, PARTNER, OFFICER, MEMBER, OR TRUSTEE)

DATE

PRINT OR TYPE NAME OF SIGNER

12. **NOTARY:**

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the county of \_\_\_\_\_ State of Ohio.

SEAL

My commission expires. \_\_\_\_\_

X NOTARY PUBLIC

INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION.

Upon receipt of a completed application for certified copy, a physical inspection of the proposed new location will be requested. After the permit has been issued, please allow two weeks for processing, manufacturing and shipment of license plates.

Return completed application, all supporting documents, and fees to: Ohio Bureau of Motor Vehicles, Attn: Dealer Licensing Section, P.O. Box 16521, Columbus, Ohio, 43216-6521.

www.OhioAutoDealers.com