



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

SALESPERSON'S LICENSE TERMINATION NOTICE

DEALERSHIP NAME			DEALER PERMIT NO.
ADDRESS			
CITY	STATE	ZIP CODE	COUNTY

The following individuals are no longer employed as salespersons for the above business:

SALESPERSON'S NAME	SOCIAL SECURITY NO.	DATE OF TERMINATION	SALES LICENSE NO.

PRINTED OR TYPED NAME OF SIGNER	TITLE
SIGNATURE OF OWNER, PARTNER, MEMBER, TRUSTEE, OR PRINCIPAL OWNER X	DATE

ALL SECTIONS MUST BE COMPLETED AND RETURNED TO:

Ohio Bureau of Motor Vehicles
Attn: Dealer Licensing Section
P.O. Box 16521
Columbus, Ohio 43216-6521

www.OhioAutoDealers.com