



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

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

- APPLICATION FOR CERTIFIED COPY. (SECONDARY LOCATION)
COMPLETE #1 THROUGH #7
- APPLICATION FOR DUPLICATE PERMIT.
COMPLETE #1, #4, #5, #6, AND #7

1. PLEASE PRINT LEGIBLY IN INK OR TYPE THE FOLLOWING INFORMATION:

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

2. SECONDARY LOCATION INFORMATION:

BUSINESS NAME OF PROPOSED CERTIFIED COPY			BUSINESS PHONE NUMBER ()
PROPOSED NEW BUSINESS STREET ADDRESS			ALTERNATE TELEPHONE NUMBER ()
CITY	STATE	ZIP CODE	COUNTY
			EMAIL ADDRESS

3. Indicate the vendor's number for the secondary location:

VENDOR'S NUMBER

4. FEES PAYABLE TO "OHIO TREASURER KEVIN L. BOYCE" ARE AS FOLLOWS: DO NOT SEND CASH

A) PERMIT (DUPLICATE OR CERTIFIED COPY)	1	@ \$ 2.00	= \$ 2.00
B) MASTER PLATE (See note on second page)		@ \$ 50.25	=
C) ADDITIONAL PLATE(S)		@ \$ 10.25 each	=
D) POSTAGE (Required only if plate(s) are requested)		@ \$ 2.75 each	=
FEES ARE NON-REFUNDABLE	TOTAL FEES DUE		=

5. APPLICANTS FOR CERTIFIED COPY ONLY:

Submit a photograph of the proposed business location's business sign.

THE SIGN MUST BE IN THE EXACT BUSINESS NAME WITH AT LEAST SIX INCH LETTERS.

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 special 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 special license plates series, (4B) and pay the required postage (4D).

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. Please allow two weeks for processing , manufacture and shipment of the license plates.

FINANCIAL RESPONSIBILITY NOTICE

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 • Upon traffic court appearances and • 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 \$100.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • 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.**
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

6. 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.

I also affirm that all statements in the foregoing application and in any attached sheets are true and correct and that I, as proprietor, as a partner, or as an officer of the corporation, have authority to sign this application and to make the statements contained herein.

DATE OF APPLICATION	SIGNATURE (OWNER, PARTNER, OFFICER, MEMBER, OR TRUSTEE) X	TITLE
PRINT OR TYPE NAME OF SIGNER		

7. NOTARY:

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

(SEAL)

My commission expires _____

 NOTARY PUBLIC

**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