



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**APPLICATION TO DEAL IN SALVAGE MOTOR VEHICLES**

**Indicate Type of License. Check One:**

- Salvage Dealer  
 Salvage Auction  
 Salvage Pool

**1) Please print legibly in black ink or type the following information:**

BUSINESS NAME				BUSINESS TELEPHONE # ( )	
DBA OR FICTITIOUS TRADE NAME, if applicable				ALTERNATIVE TELEPHONE # ( )	
BUSINESS STREET ADDRESS				FAX # ( )	
CITY	STATE	ZIP CODE	COUNTY	E-MAIL ADDRESS	

**2) Using a black pen, shade in a box in each column, under Business 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	MAHOING	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>BUSINESS 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

**3a) Vendor's Number**

**3b) Federal Tax I.D. Number**

--	--

**4) Make check payable to "Ohio Treasurer Kevin L. Boyce". Fees are as follows: DO NOT SEND CASH**

Permit (Required)	1	@ \$100.00	=	\$100.00
Master Plate (Optional)	1	@ \$50.25	=	+
Postage (Required only if plate(s) are requested)	1	@ \$2.75	=	+
Additional Plates (Optional)		@ \$ 10.25 each	=	+
<b>FEES ARE NON-REFUNDABLE</b>			<b>TOTAL FEES DUE</b>	

You may apply for special dealer license plates to be used in conjunction with your salvage business. Ohio Revised Code Section 4503.31 states in part "...placards issued pursuant to this section may be used...on motor vehicles being transported by any persons regularly engaged in salvage operations or scrap metal processing from the point of acquisition to their established place of business...."

**5) Indicate style of business:**

PROPRIETORSHIP     PARTNERSHIP     CORPORATION     BUSINESS TRUST     LIMITED LIABILITY

**6) Ownership**

✓ Check the appropriate box and complete the name(s), residence address(es), and Social Security Number(s).

\* If making application as an LLC, list each member and if a member is a corporation, list corporation's name and address and list the officers of the corporation.

<input type="checkbox"/>	Owner
<input type="checkbox"/>	Partner
<input type="checkbox"/>	President
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Member, (Owning 10% or more)

LAST NAME, FIRST, MI/BUSINESS NAME*			SSN/FED TAX ID #
ADDRESS	CITY	STATE	ZIP CODE

<input type="checkbox"/>	Partner
<input type="checkbox"/>	Vice President
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Member, (Owning 10% or more)

LAST NAME, FIRST, MI			SSN/FED TAX ID #
ADDRESS	CITY	STATE	ZIP CODE

<input type="checkbox"/>	Partner
<input type="checkbox"/>	Secretary
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Member, (Owning 10% or more)

LAST NAME, FIRST, MI			SSN/FED TAX ID #
ADDRESS	CITY	STATE	ZIP CODE

<input type="checkbox"/>	Partner
<input type="checkbox"/>	Treasurer
<input type="checkbox"/>	Trustee
<input type="checkbox"/>	Member, (Owning 10% or more)

LAST NAME, FIRST, MI			SSN/FED TAX ID #
ADDRESS	CITY	STATE	ZIP CODE

**7) I, as the applicant, affirm that the business listed on this application has a net worth of at least \$20,000.**

Yes     No

NO applicant shall be issued a motor vehicle salvage dealer, salvage auction, or salvage pool license, or be permitted to operate under such license, unless the business maintains a NET WORTH in the sum of not less than \$20,000.

**8) Are you an owner, partner, or corporate officer in any other new or used dealership, motor vehicle leasing dealership, motor vehicle distributor, motor vehicle auction, motor vehicle salvage dealership, motor vehicle salvage auction, or motor vehicle salvage pool?**

Yes     No

If yes, indicate name and permit number.

NAME	PERMIT #
NAME	PERMIT #

**9) Answer each of the following questions truthfully to the best of your knowledge:**

**HAS THE APPLICANT, OR ANY OF THE APPLICANT'S, OWNERS, PARTNERS, OFFICERS, OR DIRECTORS, INDIVIDUALLY, OR AS OWNER, PARTNER, OFFICER, OR DIRECTOR OF A BUSINESS ENTITY:**

A. Previously applied for license to deal in motor vehicles?

Yes     No

If yes, give business name, type of license, date and result of such application.

NAME APPLIED IN	TYPE OF LICENSE	DATE	RESULT OF APPLICATION
-----------------	-----------------	------	-----------------------

- B. Ever been refused a motor vehicle salvage dealer's license, motor vehicle salvage auction license, or motor vehicle salvage pool license, or been the holder of a license which was revoked or suspended?  Yes  No  
 If yes, give business name, type of license, date and permit number.

NAME	TYPE OF LICENSE	DATE	PERMIT NUMBER
------	-----------------	------	---------------

- C. Ever been convicted of a felony?  Yes  No  
 If yes, give particulars on a separate sheet and attach to this application.

- D. Ever been convicted of a fraudulent act in connection with dealing in salvage motor vehicles?  Yes  No  
 If yes, give particulars on a separate sheet and attach to this application.

**NOTE:** Any felony conviction or any misdemeanor conviction related to dealing in salvage motor vehicles is reason for the Bureau of Motor Vehicles to **DENY** the application.

- 10) Are you or do you intend on sharing the proposed business location with another licensed dealer?  Yes  No  
 If yes, indicate the business name and, if available, the permit number of the other dealer. (See note below)

NAME	PERMIT NUMBER
------	---------------

**NOTE:** A certificate of compliance form, BMV 4347, must be submitted with this application, if you answered YES to the above question.

- 11) Was the proposed business location previously occupied by another licensed dealer?  Yes  No  
 If yes, give the business name, if available.

BUSINESS NAME
---------------

**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.**

I affirm that the motor vehicles owned by this business will be insured or have other FR coverage, will not be operated without FR coverage and will not be used as commercial vehicles unless so registered. (This statement only applies to applicants that order license plates.)

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, an officer, member, or trustee, have authority to sign this application and to make the statements contained herein. I understand that a false statement, in the application, is reason for which this application shall be denied.

DATE OF APPLICATION \_\_\_\_\_ **X** SIGNATURE (OWNER, PARTNER, OFFICER, MEMBER, OR TRUSTEE) \_\_\_\_\_

TITLE \_\_\_\_\_ PRINT OR TYPE NAME OF SIGNER \_\_\_\_\_

**NOTARY:**

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

(SEAL)

My commission expires \_\_\_\_\_ **X** \_\_\_\_\_

**INCOMPLETE INFORMATION WILL RESULT IN A DELAY IN PROCESSING THE APPLICATION.**

Upon receipt of the completed application, other supporting documents, photos, and fee, a request for inspection of the proposed location will be requested. Please allow four to six weeks.

**RETURN THE COMPLETED APPLICATION, PHOTOGRAPHS, OTHER SUPPORTING DOCUMENTS AND FEES TO: The Ohio Bureau of Motor Vehicles, Attn: Dealer Licensing Section, P.O. Box 16521, Columbus, Ohio, 43216-6521.**  
**www.OhioAutoDealers.com**