



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**PLATE APPLICATION FOR MANUFACTURER,  
DISTRIBUTOR, OR RETAIL SELLER OF UTILITY TRAILERS OR  
TRAILERS FOR TRANSPORTING, MOTORCYCLES,  
SNOWMOBILES, OR ALL PURPOSE VEHICLES**

Section 4503.312 of the Ohio Revised Code (R.C.)

**CHECK ONLY ONE:**

- Manufacturer
- Distributor
- Retail Seller

**BUSINESS INFORMATION**

EXACT BUSINESS NAME	BUSINESS TELEPHONE #	ALTERNATE TELEPHONE #
REGISTERED DBA OR TRADE NAME	FAX #	COUNTY
BUSINESS STREET ADDRESS	E-MAIL ADDRESS	
CITY	STATE	ZIP

FEDERAL EMPLOYEE IDENTIFICATION NUMBER (FEIN)	VENDOR'S #
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REGISTERED DBA OR TRADE NAME
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**BUSINESS ENTITY INFORMATION** (Mark one and complete ownership information)

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation ( <i>President, Vice President, Treasurer, Secretary</i> )	<input type="checkbox"/> Limited Liability ( <i>Members</i> )
<input type="checkbox"/> Partnership ( <i>Partners</i> )	<input type="checkbox"/> Business Trust ( <i>Trustee</i> )	<input type="checkbox"/> Other Registered Entity* _____

**OWNERSHIP INFORMATION**

*FAILURE TO COMPLETE ANY PORTION WILL DELAY THE PROCESSING OF THIS APPLICATION*

APPLICANT NAME	TITLE
ADDRESS	SSN / FEIN
CITY, STATE, ZIP	TELEPHONE #
	OWNERSHIP % (if member)

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ADDRESS	SSN / FEIN
CITY, STATE, ZIP	TELEPHONE #
	OWNERSHIP % (if member)

**Any additional persons please list on a separate sheet of paper and attach to this application.**

Master Plate (Required)	\$ 25.25
Postage	\$ 4.50
<b>SUBTOTAL FEE</b>	<b>\$ 29.75</b>
Additional Plate(s) (Optional) \$ 5.25 x _____	\$
<b>GRAND TOTAL FEE</b>	<b>\$</b>

Make check payable to "Ohio Treasurer of State." Fees are as follows: (DO NOT SEND CASH) Fees are Nonrefundable.

**I affirm the following statements:**

INITIAL	A reasonable number of additional plates may be requested to support a manufacturer, distributor, or retailer seller of utility trailers. Plates may not be used contrary to uses as specified in R.C. 4503.312. I understand that plates used for any other purpose may be reduced or may be subject to confiscation.
INITIAL	I affirm the utility trailer plates are being used on a trailer for transporting motorcycles, snowmobiles, or all-purpose vehicles that is not loaded may be operated on the public highway until it is sold or transferred; and any utility trailer that is not loaded, or that is being used to transport another utility trailer for purposes of demonstration or delivery, may be operated on the public highway until it is sold or transferred.

I understand that the registrar of motor vehicles must be notified if any change of status of the licensed location, including but not limited to, personnel of ownership, relocation of the principal place of business, posted business hours, and business telephone number.

I affirm that the utility trailers 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 trailers 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 owner, as a partner, president, member, trustee, or principal owner have authority to sign this application and to make the statements contained herein and have initialed as required.

PRINTED OR TYPED NAME OF SIGNER	TITLE
SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, TRUSTEE, OR PRINCIPAL OWNER) <b>X</b>	DATE OF APPLICATION

**NOTARY**

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

(SEAL)

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

**RETURN COMPLETED APPLICATION AND FEE TO:**

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

[www.OhioAutoDealers.com](http://www.OhioAutoDealers.com)