



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**MOTOR VEHICLE DEALER APPLICATION  
FOR CHANGE OF OFFICER**

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

*Change of status notice is required in writing, within 15 days of the change [R.C. 4517.23].*

**If there has been a change to the business structure (e.g. change from sole proprietor to LLC), you must apply for a license in the new business structure.**

**Indicate current style of business and complete corresponding section only.**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability
<input type="checkbox"/> Partnership	<input type="checkbox"/> Business Trust

**DEALERSHIP INFORMATION**

EXACT BUSINESS NAME	PERMIT #	BUSINESS TELEPHONE #	ALTERNATIVE TELEPHONE #
REGISTERED DBA OR TRADE NAME	FAX #	COUNTY	
BUSINESS STREET ADDRESS			E-MAIL ADDRESS (OPTIONAL)
CITY	STATE	ZIP CODE	

**Failure to complete ANY portion will delay processing of this application.**

**Corporation**

PREVIOUS PRESIDENT NAME	<input type="checkbox"/> Remove President	SSN
<b>President</b> (BCI&I Civilian background check required)		<input type="checkbox"/> Add President
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

**\*Minutes of an Executive Board meeting stating the change of President must be submitted.**

PREVIOUS VICE PRESIDENT NAME	<input type="checkbox"/> Remove Vice President	SSN
<b>Vice President</b>		<input type="checkbox"/> Add Vice President
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
PREVIOUS TREASURER NAME	<input type="checkbox"/> Remove Treasurer	SSN
<b>Treasurer</b>		<input type="checkbox"/> Add Treasurer
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

PREVIOUS SECRETARY NAME <input type="checkbox"/> Remove Secretary		SSN
<b>Secretary</b>		<input type="checkbox"/> Add Secretary
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

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

**Limited Liability**

PREVIOUS MEMBER NAME <input type="checkbox"/> Remove Member		SSN
<b>Member</b> (owning 10% or more) <i>(BCI&amp;I Civilian background check required)</i>		<input type="checkbox"/> Add Member
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

PREVIOUS MEMBER NAME <input type="checkbox"/> Remove Member		SSN
<b>Member</b> (owning 10% or more) <i>(BCI&amp;I Civilian background check required)</i>		<input type="checkbox"/> Add Member
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

PREVIOUS MEMBER NAME <input type="checkbox"/> Remove Member		SSN
<b>Member</b> (owning 10% or more) <i>(BCI&amp;I Civilian background check required)</i>		<input type="checkbox"/> Add Member
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

If a Member is a corporation please list; the corporation's name, federal tax ID number, address and below list officer's name, address and social security number of the applicant.

\*Use only if Member is a corporation.

BUSINESS NAME	FEDERAL TAX ID # (EIN)		
ADDRESS	CITY	STATE	ZIP

\*Use only if Member is a corporation.

PREVIOUS MEMBER NAME		<input type="checkbox"/> Remove Member	SSN
<b>Member</b> (owning 10% or more) <i>(BCI&amp;I Civilian background check required)</i>			<input type="checkbox"/> Add Member
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP	

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

**Business Trust**

PREVIOUS TRUSTEE NAME		<input type="checkbox"/> Remove Trustee	SSN
<b>Trustee</b>			<input type="checkbox"/> Add Trustee
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP	

PREVIOUS TRUSTEE NAME		<input type="checkbox"/> Remove Trustee	SSN
<b>Trustee</b>			<input type="checkbox"/> Add Trustee
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP	

If a Trustee, is a corporation please lists the corporation's name, federal tax ID number, address and list officer's name, address, and social security number of the corporation.

\*Use only if Trustee is a corporation.

PREVIOUS TRUSTEE NAME		<input type="checkbox"/> Remove Trustee	SSN
<b>Trustee</b>			<input type="checkbox"/> Add Trustee
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP	

\*Use only if Trustee is a corporation.

BUSINESS NAME		FEDERAL TAX ID # (EIN)	
ADDRESS	CITY	STATE	ZIP

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

## BACKGROUND CHECK INFORMATION

Ohio residents who are owners, partners, president, or members owning 10% or more, and trustees **MUST** be electronically fingerprinted and applicants must request the results be sent electronically to **direct copy "BMV Dealer Licensing"** at the web check locations in order for them to be forwarded to the BMV dealer licensing section. (For a complete list of electronic fingerprinting locations in Ohio visit [www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov).)

**Out-of state applicants or those who qualify for electronic exemption must submit a fingerprint card, exemption form, and fingerprint card processing fee with the application for license. Call the Dealer Licensing section (614) 752-7636 to obtain a fingerprint card and exemption form.**

Has the required person(s) had the Bureau of Criminal Identification and Investigations (BCI&I) electronic web check completed?  
 Yes  No

**NOTE:** Applications for a dealer license shall be denied for reasons listed in the R.C. 4517.12 and 4501:1-3-09 which includes:

- The applicant has been convicted of **ANY** felony during the past ten (10) years.
- Any misdemeanor or felony fraudulent conviction (regardless of the conviction date) related to dealing in motor vehicles.

**Answer each of the following questions truthfully to the best of your knowledge and as a representative of all persons listed in the ownership section.**

Yes  No 1. Are you or any persons listed as owners, partners, officers, members, directors, trustee officer, member, trustee owner, partner, or director listed under another motor vehicle business entity?

Yes  No 2. Have you or any persons listed previously applied for a motor vehicle dealer's license, leasing license, distributor's license, auction owner's license, motor vehicle salvage dealership, motor vehicle salvage auction, motor vehicle salvage pool, construction equipment auction license or salesperson's license? (If yes, please list below.)

BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	PERMIT # – IF ISSUED
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BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	PERMIT # – IF ISSUED
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Yes  No 3. Have you or any person listed as an owner, officer, member, trustee, partner, or director, ever had their dealer's license suspended or revoked?

Yes  No 4. Have you or any person listed as an owner, officer, member, trustee, partner, or director, ever been convicted of a felony?

Yes  No 5. Have you or any person listed as an owner, officer, member, trustee, partner, or director, ever been convicted of an offense that was related to the selling or dealing in motor vehicles?

\* If answered "**yes**" to either question #4 or #5 above, please provide the following information:

(1) *The courts journal entry showing the final disposition of your conviction.*

(2) *The charge you were convicted of.*

(3) *Please attach a short summary explaining the charge you were convicted of.*

Yes  No 6. Have you or any person listed as an owner, officer, member, trustee, partner, or director, ever had a civil judgment rendered against you that related to tampering with an odometer, rolling back an odometer, or failing to provide true and accurate odometer disclosure statements?

Yes  No 7. Have you or any person listed as an owner, officer, member, trustee, partner, or director, ever had a civil judgment rendered against you that resulted from a transaction of business as a motor vehicle dealer, and remains unsatisfied?

\* If answered "**yes**" to either question #6 or #7 above, please provide the following information:

(1) *The courts journal entry showing the final disposition of the judgment.*

(2) *The court of jurisdiction that decided the civil judgment.*

(3) *The court's case number.*

(4) *The date the civil judgment was issued.*

Yes  No 8. With the exception of sole proprietors, has the applicant completed the I-9 Employment Eligibility Verification form that is required to be on file with the employer under the Immigration Reform and Control Act of 1986, 8 USC 1324a?

**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.

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.

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, an officer, member, or trustee, have authority to sign this application and to make the statements contained herein and have initialed as required.

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

**NOTARY:**

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

(SEAL)

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

**RETURN THE COMPLETED APPLICATION,  
OTHER SUPPORTING DOCUMENTS, AND FEES TO:**

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

**For Additional Information and Laws**  
Visit our Web site at [www.OhioAutoDealers.com](http://www.OhioAutoDealers.com)