



OHIO BUREAU OF MOTOR VEHICLES  
**GUIDELINES FOR COMPLETION OF  
 TEMPORARY TAG REGISTRATION APPLICATIONS**

**TEMPORARY TAG REGISTRATION APPLICATION**

Submission of incomplete forms may result in the suspension of the dealerships temporary tag privileges

COMPLETION OF THIS FORM IS REQUIRED WHILE PROPER TITLE AND REGISTRATION IS BEING OBTAINED AND MUST BE REPORTED TO THE BUREAU WITHIN 48 HOURS OF SALE O.R.C. 4503.182

APPLICATION NUMBER <b>FS00001</b>
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<b>1</b> PURCHASE DATE 04/07/05	<b>2</b> ISSUE DATE 04/07/05	<b>3</b> EXPIRATION DATE 05/06/05	<b>4</b> DEALER PERMIT# ND000000	FEE <b>\$10.50</b>	<b>5</b> TEMPORARY TAG # T000000
<b>6</b> PURCHASER / LESSEE NAME (FIRST, M.I., LAST) JOE Z CUSTOMER			<b>11</b> ADDITIONAL PURCHASER NAME (FIRST, M.I., LAST) JANE Z CUSTOMER		<b>16</b> OWNER TYPE (SEE BELOW) 4
<b>7</b> BUSINESS NAME BUSINESS NAME			<b>12</b> LESSOR BUSINESS NAME BUSINESS NAME		<b>17</b> VEHICLE SERIAL # 1A1AA11A1A111111
<b>8</b> SS#/TAX ID # REQUIRED OR WRITE NON-CITIZEN 123-45-6789 OR NON-CITIZEN			<b>13</b> SS#/TAX ID # REQUIRED OR WRITE NON-CITIZEN 123-45-6789 OR NON-CITIZEN		VEH YEAR <b>18</b> 99
<b>9</b> HOME ADDRESS CITY STATE ZIP CITY OH 00000			<b>14</b> HOME ADDRESS CITY STATE ZIP CITY OH 00000		VEH MAKE DODG
<b>10</b> BUSINESS ADDRESS CITY STATE ZIP CITY OH 00000			<b>15</b> LESSOR BUSINESS ADDRESS - NO PO BOXES CITY STATE ZIP CITY OH 00000		VEH TYPE 4D
<b>19</b> ISSUING DEALERSHIP 123 SELLERS WAY CITY OH 00000					

**PROOF OF FINANCIAL RESPONSIBILITY**

I AFFIRM THAT THE OWNERS (OR LESSEES OF LEASED VEHICLE) NOW HAVE INSURANCE OR OTHER PROOF OF FINANCIAL RESPONSIBILITY COVERAGE (FR COVERAGE) COVERING THIS VEHICLE AND WILL NOT OPERATE OR PERMIT THE OPERATION OF THIS VEHICLE WITHOUT FR COVERAGE. BY SIGNING THIS I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE FINANCIAL RESPONSIBILITY NOTICE PRINTED ON THE OTHER SIDE OF THIS APPLICATION.

**X** **20** SIGNATURE OF PURCHASER(S) \_\_\_\_\_ DATE \_\_\_\_\_

OWNER TYPE CODES: 0-SINGLE 1-JOINT 2-COMMERCIAL 4-LEASED 6-RENTAL 7-TRUST FUND

**21** MAIL ORIGINAL TO: OHIO BUREAU OF MOTOR VEHICLES, TEMPORARY TAG UNIT, P.O. BOX 182154, COLUMBUS, OHIO 43218-2154

BMV 4349 2/06 GREEN COPY - CUSTOMER RED COPY - DEALER

ALL INFORMATION MUST BE TYPED WITHIN THE BLOCKS.

- 1) Purchase Date (MM/DD/YY)
- 2) Issue Date (MM/DD/YY) Actual date vehicle is being delivered or leaves dealership. Issue date may be different than Purchase Date.
- 3) Expiration Date - Needs to be exactly 30 days, including date of issuance (watch for 28 or 31 day months).
- 4) Permit Number - XX000000 - 2 letters / 6 numbers. Do not include the DBA code, 01, 02, etc.
- 5) Temporary Tag Number
- 6) Purchaser / Lessee Name - First name, middle initial, last name.
- 7) Business Name - Company name purchasing vehicle if not an individual. **If vehicle is being leased, list leasing company in #12.**
- 8) Purchaser's Social Security # or Business Federal Tax I.D. # - Must be 9 numeric digits. If not a U.S. citizen, please type "non-citizen". Please include copy of Visa, Passport and/or Driver License.
- 9) Home Address - Purchaser's complete street address, city, state and zip code. P.O. Boxes and abbreviations are NOT acceptable.
- 10) Business Address - Complete street address of company purchasing vehicle. P.O. Boxes are NOT acceptable.
- 11) Additional Purchaser Name - If more than one purchaser on title, list additional purchaser's full name.
- 12) Lessor Business Name - If vehicle is leased, list leasing company name.
- 13) Additional Purchaser's Social Security # or Business Federal Tax I.D. # - Must be 9 numeric digits. If vehicle is leased, include Federal Tax I.D. of lessor. If not a U.S. citizen, please type "non-citizen". Please include copy of Visa, Passport and/or Driver License.
- 14) Home Address - Additional purchaser's complete street address, city state and zip code. P.O. Boxes and abbreviations are NOT acceptable.
- 15) Lessor Business Address - Complete street address of leasing company. PO Boxes and abbreviations are NOT acceptable.
- 16) Owner Type - 0-Single 1-Joint 2-Commercial 4-Leased 6-Rental 7-Trust Fund
- 17) Vehicle Serial #
- 18) Vehicle Year, Make, Type
- 19) Name and Complete Address of Dealership
- 20) Signature(s) of Purchaser(s) and Date
- 21) Distribution: Original copy must be mailed within 48 hours of issuance to:  
 Ohio Bureau of Motor Vehicles, Attn: Temporary Tags Unit, P.O. Box 182154, Columbus, OH 43218-2154  
Green copy must be given to the customer.  
Red copy is to be retained at your dealership for three (3) years.

Please check for legibility and completeness. Do not staple or fold applications.  
 PLEASE POST FOR FUTURE REFERENCE.

www.OhioAutoDealers.com