

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



OHIO DEPARTMENT OF PUBLIC SAFETY  
 BUREAU OF MOTOR VEHICLES

**TEMPORARY TAG REGISTRATION APPLICATION**

APPLICATION # <b>KF00001</b>
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Submission of an incomplete form may result in the suspension of the dealership's temporary tag privileges.

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

PURCHASE DATE ① 09/07/10	ISSUE DATE ② 09/07/10	EXPIRATION DATE ③ 10/06/10	DEALER PERMIT # ④ ND000000			TEMPORARY TAG # ⑤ T000000
PURCHASER / LESSEE NAME (FIRST, M.I., LAST) ⑥ JOE Z CUSTOMER			ADDITIONAL PURCHASER NAME (FIRST, M.I., LAST) ⑪ JANE Z CUSTOMER			OWNER TYPE (SEE BELOW) ⑬ 4
OR BUSINESS NAME ⑦ BUSINESS NAME			OR LESSOR BUSINESS NAME ⑫ BUSINESS NAME		VEHICLE SERIAL # ⑮ 1A1AA11A1A1111111	
SSN/TIN OR WRITE NON - US RESIDENT (SEE BACK) ⑧ 123-45-6789 OR NON-CITIZEN		SSN/TIN OR WRITE NON - US RESIDENT (SEE BACK) ⑬ 123-45-6789 OR NON-CITIZEN		VEH YEAR ⑮ 99	VEH MAKE DODG	VEH TYPE 4D
HOME ADDRESS (NO PO BOXES) ⑨ HOME ADDRESS			HOME ADDRESS (NO PO BOXES) ⑭ HOME ADDRESS		NAME OF ISSUING DEALERSHIP ⑯ ISSUING DEALERSHIP	
CITY CITY	STATE OH	ZIP 00000	CITY CITY	STATE OH	ZIP 00000	ADDRESS 123 SELLERS WAY
OR BUSINESS ADDRESS (NO PO BOXES) ⑩ BUSINESS ADDRESS			LESSOR BUSINESS ADDRESS (NO PO BOXES) ⑮ BUSINESS ADDRESS		CITY CITY	STATE OH
CITY CITY	STATE OH	ZIP 00000	CITY CITY	STATE OH	ZIP 00000	<b>ALL BOXES PERTAINING TO PURCHASE MUST BE COMPLETED</b>

**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  
 ⑰ MAIL ORIGINAL TO: OHIO BUREAU OF MOTOR VEHICLES, TEMPORARY TAG UNIT, P.O. BOX 182154, COLUMBUS, OHIO 43218-2154  
 BMV 4349 5/10 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. # (optional) - Submission of SSN/TIN is not required for a temporary registration; however, submission and proof of SSN/TIN **will be required** at the time of permanent registration.
- 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. # (optional) - Submission of SSN/TIN is not required for a temporary registration; however, submission and proof of SSN/TIN **will be required** at the time of permanent registration.
- 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 (ex: 4D, 2D, MC, TK, SW, TL)
- 19) Name and Complete Address of Dealership
- 20) Signature(s) of Purchaser(s) and Date
- 21) Distribution: **Original** non we dealers must mail in or we dealers report electronically at [ohioautodealer.com](http://ohioautodealer.com) within 48 hours of issuance. Mail 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](http://www.OhioAutoDealers.com)