



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**TRANSFER OF GRATIS REGISTRATION APPLICATION  
PUBLIC OWNED VEHICLE**

**NO FEE**

BMV USE ONLY	EXPIRES LAST DAY OF	VALIDATION #	LICENSE #
MO. DAY YR.	MO. YR.		

CERTIFICATE OF TITLE #		
WILL THE VEHICLE DESCRIBED HEREIN BE USED EXCLUSIVELY FOR GOVERNMENTAL OR PROPRIETARY FUNCTIONS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
INDICATE TYPE OF VEHICLE BY "X"		
<input type="checkbox"/> PASSENGER CAR/VAN	<input type="checkbox"/> TRUCK/CARGO VAN	
<input type="checkbox"/> TRAILER	<input type="checkbox"/> MOTORCYCLE	
<input type="checkbox"/> BUS	<input type="checkbox"/> OTHER	

**CURRENT VEHICLE DATA**

YEAR	MAKE	TYPE	COLOR	SERIAL #
PURCHASE DATE			ODOMETER READING	

**OWNER**

NAME			
ADDITIONAL NAME LINE			CUSTOMER #
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

**OLD VEHICLE DATA**

YEAR	MAKE	TYPE	SERIAL #	BMV USE
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**SOLD TO**

NAME			
ADDRESS	CITY	STATE	ZIP CODE

**MAIL TO:**  
**OHIO BUREAU OF MOTOR VEHICLES**  
**ATTN: GRATIS UNIT**  
P.O. Box 16521  
Columbus, Ohio 43216-6521

**IMPORTANT**

- 1. APPLICATION MUST BE FULLY COMPLETED AND SIGNED.**
- 2. ORIGINAL CERTIFICATE OF TITLE FOR THE NEW VEHICLE MUST ACCOMPANY APPLICATION**

SIGNATURE OF CONTACT PERSON <b>X</b>	
PHONE #	DATE

**WARNING**

APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION—OHIO REVISED  
CODE (R.C.) 2913.42.  
APPLICATION MUST BE SIGNED BY OWNER(S) AS NAMED ON CERTIFICATE OF TITLE.