



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR TRANSFER  
DISABLED VETERAN OR FORMER PRISONER OF WAR  
OHIO LICENSE PLATES**

**TYPE OR PRINT**

**REGISTRATION INFORMATION FOUND ON OHIO REGISTRATION CARD.**

OHIO LICENSE PLATE NUMBER

**VEHICLE INFORMATION FROM OHIO CERTIFICATE/MEMORANDUM TITLE.**

YEAR	MAKE	TYPE	COLOR	CERTIFICATION OF TITLE NUMBER	SERIAL NUMBER
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**OWNER INFORMATION**

OWNER NAME	PHONE NUMBER ( )	SOCIAL SECURITY NUMBER	
OHIO ADDRESS	CITY	STATE	ZIP CODE
JOINT OWNER NAME		OHIO COUNTY OF RESIDENCE	
FILL IN CITY NAME ONLY if you live inside corporation limits. <b>INCORPORATED CITY</b>		FILL IN TOWNSHIP ONLY if you live outside corporation limits. <b>TOWNSHIP</b>	

1. Is your license plate registration under suspension or revocation under Ohio Financial Responsibility Law?  YES  NO
2. Has the motor vehicle being registered been operated by the owner on public roads or highways prior to date of the application?  YES  NO

**\*OLD VEHICLE DATA**

YEAR	MAKE	TYPE	SERIAL NUMBER		
SOLD TO (LAST NAME)			FIRST NAME	MI	
ADDRESS			CITY	STATE	ZIP CODE

**PROOF OF FINANCIAL RESPONSIBILITY**

*I Affirm that the owners (or lessees of leased vehicle) now have insurance or other proof of financial responsibility (FR Proof) covering this vehicle and will not operate or permit the operation of any vehicle without FR Proof; All previous registration fees due have been paid and this plate category is correct.*

*I also affirm that the vehicle described above is not to be used for farm or commercial purposes unless registered as farm or commercial, as defined under Ohio Revised Code 4501.01 and 4503.04, that my statements are correct, that the vehicle is lawfully entitled to registration, and that I grant limited Power of Attorney to the Registrar and Deputy Registrar to renew the vehicle registration.*

SIGNATURE OF OWNER(S) <b>X</b>	DATE
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**IMPORTANT**

- The following items must be returned to the:  
**Ohio Bureau of Motor Vehicles - Gratis Unit**, P.O. Box 16521, Columbus, Ohio, 43216-6521
  - Completed and signed Application for Transfer.
  - Certificate of Title or Memorandum Title (original document – not a copy).  
Leased vehicles, the original Certificate of Title along with a copy of the signed Lease Agreement **must** be sent.
  - Self-addressed, stamped envelope for return of your title document.
  - Current registration card for old vehicle.
- Failure to follow instructions may delay the processing of your application.

**WARNING:** Applicant giving false information is subject to prosecution – R.C. 2913.42.  
Application must be signed by the owner(s) as named on certificate of title.

Contact this office at (614) 752-7518 for more information or go to [www.ohiobm.com](http://www.ohiobm.com)