



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR REPLACEMENT
WINDSHIELD PLACARD**

BMV USE ONLY

CARD NO. _____

DATE ISSUED _____

WARNING: Applicant giving false information is subject to prosecution (Ohio Revised Code (R.C.) 2913.42.)

(Please print or type)

NAME OF DISABLED PERSON		SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE OH	ZIP CODE
SIGNATURE OF DISABLED PERSON OR NEXT OF KIN AND RELATIONSHIP		PHONE NO. ()	

Previous card no.: _____

Card was: LOST STOLEN DAMAGED

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE GRATIS LICENSE
PLATE UNIT AT 614-752-7518**

OHIO BUREAU OF MOTOR VEHICLES
ATTN: GRATIS UNIT
P.O. BOX 16521
COLUMBUS OH 43216-6521

BMV 4532 9/08