



**OHIO DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR OUT-OF-STATE REGISTRATION BY MAIL**

May be used for plate issuance for new vehicle registration or renewal registration.
Applicant giving false information is subject to prosecution (ORC 2921.13).

TYPE OR PRINT

REGISTRATION INFORMATION FOUND ON OHIO REGISTRATION CARD

OHIO LICENSE PLATE #	EXPIRATION DATE
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VEHICLE INFORMATION FROM OHIO CERTIFICATE/MEMORANDUM OF TITLE

VEHICLE SERIAL #	MAKE	YEAR	TYPE	CERTIFICATE OF TITLE #	DATE OF PURCHASE
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OWNER INFORMATION FROM OHIO CERTIFICATE/MEMORANDUM OF TITLE

OWNER NAME	MONTH & DAY OF BIRTH	SOCIAL SECURITY # OR TAX ID	OHIO PHONE NUMBER ()	
OWNER ADDRESS		CITY	STATE OHIO	ZIP CODE
JOINT OWNER OR LESSEE NAME	OHIO COUNTY OF RESIDENCE	SOCIAL SECURITY # OR TAX ID	DAYTIME PHONE NUMBER ()	
LESSOR'S ADDRESS IF VEHICLE IS LEASED		CITY	STATE	ZIP CODE
Fill in city name only if you live inside corporation limits. Incorporated City		Fill in township only if you live outside the corporation Township limits. Township		

Is your license plate registration under suspension or revocation under Ohio financial responsibility law? YES NO

Has the motor vehicle that is now being registered been operated by the owner on public roads or highways prior to the date of this application? YES NO

If operated by the owner on public roads or highways prior to this date, have the required registration or transfer fees been paid? YES NO

If the address that the license plates or validation stickers are to be mailed is different from that shown above, fill in the following:

ADDRESS	CITY	STATE	ZIP CODE
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Required fee \$ _____
 Add Permissive Tax \$ _____
 Deputy Registrar Fee \$ _____
 Postage \$ _____
 Total Amount Due \$ _____

**MAILING INSTRUCTIONS
ON REVERSE SIDE**

You are now permitted to donate \$1.00 to the children's Save Our Sight Program by checking the appropriate box below and adding an additional \$1.00 to your total fees due. For more information on the children's Save Our Sight Program, please call 1-800-755-GROW (4769)

Yes, I would like to donate to the children's Save Our Sight Program. I have added \$1.00 to the total fees due.

APPLICATION MUST BE SIGNED ON REVERSE SIDE TO COMPLETE PROCESSING

INSTRUCTIONS

The following items must be returned to the Ohio Bureau of Motor Vehicles to register by mail:

- If you are applying for a new registration, this application must be completed in full and signed below.
- If this application is for a new vehicle, you must provide the original Ohio Certificate of Title or Memorandum Title for the vehicle before Ohio license plates can be issued. Titles are issued by your Ohio County Clerk of Courts office.
- **If this is a leased vehicle**, you must ALSO submit a Power of Attorney form signed by the lease company (photocopies accepted; originals not returned) or your application will be returned to you unprocessed, unless electronic submitted.
- Total amount due. Make check or money order payable to: Treasurer, State of Ohio. **DO NOT SEND CASH.** Registration will be cancelled and a \$15.00 penalty assessed for any check returned unpaid by the financial institution.
- Current original EPA Inspection certificate or exemption form if required.

All vehicles up to 25 years old and owned by residents of the following counties are required to be tested:

Cuyahoga	Lake	Medina	Summit
Geauga	Lorain	Portage	

Vehicles with even-number model years will be tested in even-number years, odd-number model years in odd years. This will apply for registration renewal. Motorists who buy used vehicles must pass the test prior to registration. Vehicles two-years old or less are exempt from the test if you are the initial vehicle owner. If you have questions concerning EPA requirements, call 1-614-644-3059 or 1-800-CarTest.

- Mail the completed application, all required documents and required fees to:
The Bureau of Motor Vehicles, Registration Section, P.O. Box 16521, Columbus, Ohio 43216-6521

Allow four weeks for the processing of your application and mailing of the license plates or registration stickers. Failure to follow instructions may delay the processing of your application.

YOU WILL LOSE YOUR DRIVER LICENSE FOR AT LEAST 90 DAYS IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- PROOF OF COVERAGE IS REQUIRED: •Whenever a police officer issues a traffic ticket •At all vehicle inspection stops •Upon traffic court appearances and •Upon random checks by the Registrar of Motor Vehicles.
- ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL: •Lose his or her driver license for 90 DAYS on first offense, ONE YEAR on second offence and TWO YEARS on additional offenses •Lose his or her license plates and vehicle registration •Pay reinstatement fees of \$75.00 first offense, \$250.00 for second offense, and \$500.00 any additional offense •Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND •Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
- ONCE THIS SUSPENSION IS IN EFFECT: Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above, you may have: •A SECURITY SUSPENSION for TWO YEARS or more and •A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.
- WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.
- WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING: •AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage •AN INSURANCE IDENTIFICATION CARD (same coverage) •A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company •A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 •A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State •A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

I affirm that the owners (or lessees of leased vehicle) now have insurance or other financial responsibility (FR) coverage covering this vehicle and will not operate or permit the operation of this vehicle without FR coverage; and this vehicle will not be used as a commercial vehicle unless so registered.

X

Signature(s)

Date

Out of State Phone No.