



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**INSTRUCTIONS, APPLICATION AND PETITION PACKET
FOR NEW ORGANIZATIONAL LICENSE PLATES**

INSTRUCTIONS

This document provides information to assist your organization in submitting your application for participation in the special license plate program.

Organizations must first obtain 500 signatures from people who intend to purchase a set of these plates. Below is a copy of the petition form that may be used to obtain the signatures. You may copy our form or create one of your own. If you create your own petition, it must contain the required information. You must then contact a legislator who will agree to draft a bill for your organization's plates. The legislator will then submit the bill to the General Assembly for approval.

While the bill is going through the legislative process, you **MUST** submit the following documents to our office:

- A completed application form (see below to download application).
- A statement from the authorized agent of the organization granting the BMV permission to print the organization's logo on Ohio license plates.
- An electronic file of your organization's logo and name.
- File needs to be saved as **Vector art**.
- Include **PMS** colors, **Fonts** (if text is not paths), include both **Text** and **Logo as Vector art**, and include **Color Sample**.
- The **Logo** size can be no more than **2.5"** wide and **3.25"** high.
- The **Text** size can be no more than **5.5"** wide and **.75"** high.
- The **original** petitions with the 500 signatures.

Organizations must sell 500 sets of plates per year. If these minimums are not met by the second year, your organization will be terminated from the program. Issuance of these plates is approved for passenger vehicles, noncommercial trucks and motor homes.

The completed documents must be sent to the Bureau of Motor Vehicles, Registration Section, P.O. Box 16521, Columbus, Ohio 43216-6521, telephone 614-752-7587. Upon receipt of these items, a sample license plate will be manufactured and sent to you for approval after your design is approved.

Good luck in your endeavors!



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION FOR ORGANIZATIONAL LICENSE PLATES

NAME OF ORGANIZATION		FEDERAL TAX ID NUMBER	
ADDRESS OF ORGANIZATION	CITY	STATE	ZIP CODE
CONTACT PERSON FIRST NAME	LAST NAME		MI
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

SUPPLY THE DESIGN FOR THE PLATES

(ARTWORK, SPECIFIC PMS COLORS AND NUMBERS MUST BE ATTACHED)

SIGNATURE OF AUTHORIZED AGENT X	TITLE	DATE
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COMPLETED DOCUMENTS MUST BE SENT TO:

**Ohio Department of Public Safety
Bureau of Motor Vehicles,
Registration Section
P.O. Box 16521
Columbus, Ohio 43216-6521**



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

PETITION TO ESTABLISH ORGANIZATIONAL LICENSE PLATE

We, the undersigned, wish to have the State of Ohio Legislature consider a bill to authorize the Ohio Bureau of Motor Vehicles to produce specialty license plates designated to the _____.
We the undersigned do intend to support this effort by purchasing the _____
Specialty License Plates from the Ohio Bureau of Motor Vehicles. We understand there will be an additional cost to the standard license plate fee and also understand a portion of the proceeds will go to the designated fund.

PLEASE FILL OUT COMPLETELY THE FOLLOWING INFORMATION (Duplicate this form as necessary)
(PRINT or TYPE)

FIRST NAME	LAST NAME	MI	PHONE NUMBER (Include area code) ()
ADDRESS	CITY	STATE	ZIP
CURRENT LICENSE PLATE #	OH DRIVER LICENSE # OR OH ID CARD #	SIGNATURE X	

FIRST NAME	LAST NAME	MI	PHONE NUMBER (Include area code) ()
ADDRESS	CITY	STATE	ZIP
CURRENT LICENSE PLATE #	OH DRIVER LICENSE # OR OH ID CARD #	SIGNATURE X	

FIRST NAME	LAST NAME	MI	PHONE NUMBER (Include area code) ()
ADDRESS	CITY	STATE	ZIP
CURRENT LICENSE PLATE #	OH DRIVER LICENSE # OR OH ID CARD #	SIGNATURE X	

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FIRST NAME	LAST NAME	MI	PHONE NUMBER (Include area code) ()
ADDRESS	CITY	STATE	ZIP
CURRENT LICENSE PLATE #	OH DRIVER LICENSE # OR OH ID CARD #	SIGNATURE X	

FOR ADDITIONAL INFORMATION ON THIS PETITION, PLEASE CONTACT

CIRCULATOR OF PETITION INFORMATION		TOTAL NUMBER OF SIGNATURES	
NAME	TELEPHONE		
ADDRESS	CITY	STATE	ZIP

THANK YOU FOR SUPPORTING OUR PETITION DRIVE