



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

PETITION TO ESTABLISH ORGANIZATIONAL LICENSE PLATE

We the undersigned do intend to support the production of specialty license plates designated to the _____
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 do not sign this petition unless it is your present intention to purchase this plate if and when it is issued.

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

(PRINT or TYPE)

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

FIRST NAME	LAST NAME	MI	PHONE (Include area code)
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FOR ADDITIONAL INFORMATION ON THIS PETITION, PLEASE CONTACT

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

THANK YOU FOR SUPPORTING OUR PETITION DRIVE