



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR EXEMPTION FROM PAYMENT OF PERMISSIVE
TAX BY NON-RESIDENT MEMBER OF THE ARMED FORCES**

OWNER FIRST NAME	LAST NAME	MI
OHIO RESIDENT ADDRESS		
CITY	STATE	ZIP CODE
MILITARY ADDRESS		
CITY	STATE	ZIP CODE
BRANCH OF SERVICE	SERVICE #	
LEGAL RESIDENCE		
CITY	STATE	ZIP CODE

I understand the penalty as covered in section ORC 2913.42. of the Ohio Revised Code, which concerns making a false statement on an application.

APPLICANT SIGNATURE X

CERTIFICATION

I, the undersigned, certify that the above named individual is not a legal resident of Ohio (his/her legal state of residence is shown above).

COMMANDING OR PERSONNEL OFFICER SIGNATURE X
COMMANDING OR PERSONNEL OFFICER SIGNATURE X
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**THIS FORM IS TO BE COMPLETED ONLY WHEN THE ABOVE APPLICANT IS NOT A LEGAL RESIDENT OF OHIO,
BUT IS CURRENTLY STATIONED IN OHIO.**