IMPORTANT INSTRUCTIONS

- Application must be fully completed, APPLICATION WILL BE RETURNED IF INCOMPLETE.
- Original certificate of title MUST be included (trailers less than 4,000 must include bill of sale or certificate of origin).
- Plates and registration will arrive separately.
- Emission test required for all vehicles registered in an E-check county.
- If requesting VOLUNTEER RESCUE plates, then also complete BMV 4523 and provide names, certification numbers and certification types of all volunteers associated with the rescue organization.
- If requesting C.A.P. plates, then please complete BMV 4523.
- If you need to cancel a Gratis registration, please notify Registration Support Services in writing.
- Gratis plates may not be displayed on vehicles used for private/for-profit/commercial purposes.

CHECK APPROPRIATE BOXES BELOW

REGISTRATION TYPE
- NEW
- TRANSFER
- REPLACEMENT PLATE
- DUPLICATE REGISTRATION

AGENCY TYPE
- CITY / VILLAGE
- COUNTY / TOWNSHIP
- GOVERNMENT (FEDERAL)
- STATE

PLATE TYPE
- DISABLED
- VOLUNTEER RESCUE
- C.A.P. (Ohio Wing)
- TURNPIKE
  (Turnpike Commission ONLY)
- NATIONAL GUARD
  (Adjutant General)

*ONLY SELECT IF APPLICABLE

VEHICLE TYPE
- PASSENGER CAR
- TRAILER
- TRUCK / CARGO VAN
- HOUSE VEHICLE
- MOTOR HOME
- MOTORCYCLE
- BUS
- RECREATIONAL VEHICLE

FEDERAL TAX IDENTIFICATION NUMBER ONLY

BUSINESS NAME

ADDRESS

E-CHECK IDENTIFICATION NUMBER (Only if you are residing in an E-Check county).

CITY

ZIP CODE

COUNTY

CONTACT PERSON (PLEASE PRINT)

TELEPHONE NUMBER

EXT.

JOINT OWNER / LESSEE NAME

LESSEE TAX ID NUMBER

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS

VEHICLE SERIAL NUMBER

DATE PURCHASED

TITLE NUMBER

YEAR

MAKE

MODEL

COLOR

If registering a motor vehicle, I affirm that all owners (or lessees of leased vehicles) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage. I also affirm that, in accordance with Ohio Revised Code 4503.16, this vehicle will be used exclusively in the performance of the governmental or proprietary functions of the state or any political subdivisions thereof.

SIGNATURE

X

DATE

MAIL TO:

OHIO BUREAU OF MOTOR VEHICLES
ATTN: REGISTRATION SUPPORT SERVICES
P.O. BOX 16521
COLUMBUS, OHIO 43216-6521

DIRECT INQUIRIES TO (614) 752-7518 or Fax (614) 995-4739

www.bmv.ohio.gov

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