



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

NO FEE

REGISTRATION APPLICATION OF PUBLIC OWNED VEHICLE

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	AGENCY TYPE	PLATE TYPE	VEHICLE TYPE
<input type="checkbox"/> NEW	<input type="checkbox"/> CITY / VILLAGE	<input type="checkbox"/> DISABLED	<input type="checkbox"/> PASSENGER CAR
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> COUNTY / TOWNSHIP	<input type="checkbox"/> VOLUNTEER RESCUE	<input type="checkbox"/> TRAILER
<input type="checkbox"/> REPLACEMENT PLATE	<input type="checkbox"/> GOVERNMENT (FEDERAL)	<input type="checkbox"/> C.A.P. (Ohio Wing)	<input type="checkbox"/> TRUCK / CARGO VAN
<input type="checkbox"/> DUPLICATE REGISTRATION	<input type="checkbox"/> STATE	<input type="checkbox"/> TURNPIKE (Turnpike Commission ONLY)	<input type="checkbox"/> HOUSE VEHICLE
PLATE NUMBER _____		<input type="checkbox"/> NATIONAL GUARD (Adjutant General)	<input type="checkbox"/> MOTOR HOME
		*ONLY SELECT IF APPLICABLE	<input type="checkbox"/> MOTORCYCLE
			<input type="checkbox"/> BUS
			<input type="checkbox"/> RECREATIONAL VEHICLE

FEDERAL TAX IDENTIFICATION NUMBER ONLY		E-CHECK IDENTIFICATION NUMBER (Only if you are residing in an E-Check county).	
BUSINESS NAME		ADDRESS	
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