



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

OWNERSHIP ASSIGNMENT AND TITLE APPLICATION FOR
INSURANCE COMPANIES

Power of attorney to transfer ownership and attestation of mileage and identity for the transfer of ownership of a vehicle from a person to an insurance company by chapter 4505 pursuant to Ohio Revised Code (R.C.) 4505.07 / 4505.11 and application for certificate of title.

- For scenarios that fall under R.C. 4505.11(C)(1)(b): The "Vehicle Information" and "Application for Certificate of Title" sections should be completed.
For scenarios that fall under R.C. 4505.11(C)(1)(c): All sections on this form should be completed (any exceptions are noted below).

VEHICLE INFORMATION (Type or Print in Ink.)

Form with fields: YEAR, MAKE, MODEL, BODY TYPE, VIN, TITLE NUMBER, CONTROL NUMBER

POWER OF ATTORNEY (Note: If a separate Power of Attorney, or appropriate document, is submitted, the information in this box does not need to be completed.)

I (we), the current titled owner, appoint _____ as my true and lawful attorney-in-fact to execute any and all application for assignment of Certificate of Title for the motor vehicle listed above.

Form with fields: TRANSFEROR'S / SELLER'S PRINTED NAME, TRANSFEROR'S / SELLER'S PRINTED ADDRESS, CITY, STATE, ZIP, TRANSFEROR'S / SELLER'S SIGNATURE, DATE

ASSIGNMENT OF OWNERSHIP

This vehicle was a (if applicable) [] Law Enforcement Vehicle [] Flood Vehicle [] Taxi
I (we) certify the vehicle described in this document was transferred on _____ for the price of \$ _____ to:
DATE

Form with fields: TRANSFEREE / BUYER'S PRINTED NAME, TRANSFEREE / BUYER'S PRINTED ADDRESS, CITY, STATE, ZIP

Warning to transferor and transferee (seller and buyer): You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the R.C. and is punishable by six months imprisonment or a fine of up to one thousand dollars or both.

ODOMETER CERTIFICATION Federal and State laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing false information may result in fines and / or imprisonment.

I (we) certify to the best of my (our) knowledge that the odometer now reads:
[] [] [] , [] [] [] miles (no tenths)
thousands

- CHECK ONE
[] Actual Mileage
[] The Mileage stated is in EXCESS of the Mechanical Limits
[] The odometer reading is not the actual Mileage.
WARNING Odometer Discrepancy

Seller is a minor: [] YES [] NO
Form with fields: TRANSFEROR / SELLER'S PRINTED NAME, TRANSFEROR / SELLER'S PRINTED ADDRESS, CITY, STATE, ZIP, TRANSFEROR / SELLER'S SIGNATURE, DATE

Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,
State of _____.

(Notary Seal)

X _____ My commission expires _____

Signature of Notary Public or other Authorized Officer by law

BUYER ACKNOWLEDGEMENT OF ABOVE ODOMETER CERTIFICATION

Form with fields: TRANSFEREE / BUYER'S PRINTED NAME, TRANSFEREE / BUYER'S SIGNATURE, DATE

APPLICATION FOR CERTIFICATE OF TITLE (Type or Print in Ink) Additional fee of \$5.00 for failure to apply for title within 30 days of assignment.

Check Type of Title Requested				
<input type="checkbox"/> Salvage <input type="checkbox"/> Salvage Replacement <input type="checkbox"/> Salvage Duplicate (Check One)				
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed				
APPLICANT'S / BUYER'S PRINTED NAME			SSN / EIN	
APPLICANT'S / BUYER'S PRINTED ADDRESS		CITY	STATE	ZIP
				COUNTY
PURCHASE PRICE	TAX PAID	IF TAX EXEMPT, STATE REASON		VENDOR NUMBER
\$	\$			
Condition of Vehicle (Check Only One)				
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Wrecked				
Print Title <input type="checkbox"/> YES <input type="checkbox"/> NO				
Lien Information: If no lien, state "none". If more than one lien, attached statement of all additional liens.				
LIENHOLDER'S PRINTED NAME				
LIENHOLDER'S ADDRESS		CITY	STATE	ZIP

NOTE: All blank spaces above must be completed before acknowledgement. If not applicable, insert NA or NONE in the space provided.

I (we) state that all information contained in this application is true and correct.

APPLICANT'S / BUYER'S SIGNATURE	DATE
X	

Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,
 State of _____.

(Notary Seal)

X _____ My commission expires _____
 Signature of Notary Public or other Authorized Officer by law