



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION FOR CERTIFIED COPY AND / OR DUPLICATE PERMIT

- CERTIFIED COPY (secondary location)
Complete #1 Through #12
- DUPLICATE PERMIT
Complete #1, #4, #11, and #12

1. PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION:

BUSINESS NAME OF MAIN LOCATION			PERMIT NUMBER
BUSINESS STREET ADDRESS OF MAIN LOCATION			BUSINESS PHONE NUMBER
CITY	STATE	ZIP CODE	COUNTY

2. SECONDARY LOCATION INFORMATION

BUSINESS NAME OF PROPOSED SECONDARY LOCATION AS IT WILL APPEAR ON SIGN			BUSINESS PHONE NUMBER
DBA OR FICTITIOUS TRADE NAME AS IT WILL APPEAR ON SIGN (If applicable)			ALTERNATIVE PHONE NUMBER
PROPOSED SECONDARY LOCATION BUSINESS STREET ADDRESS			FACSIMILE NUMBER
CITY	STATE	ZIP CODE	EMAIL ADDRESS

CHECKS PAYABLE TO "OHIO TREASURER OF STATE" (DO NOT SEND CASH).

3. CERTIFIED COPY (Secondary Location) Fees

A) PERMIT (SECONDARY LOCATION)	1	@	\$ 4.00	=	\$4.00
B) MASTER PLATE (see notes for qualifications)		@	\$50.25	=	
C) POSTAGE (required if plate(s) are requested)			\$ 4.50	=	
D) ADDITIONAL PLATE(S) (optional)			\$10.25 each	=	
FEES ARE NON-REFUNDABLE				TOTAL FEES DUE	=

4. DUPLICATE PERMIT FEE

PERMIT (DUPLICATE PERMIT)	1	\$ 2.00	= \$ 2.00
FEES ARE NON-REFUNDABLE			TOTAL FEES DUE =

5. APPLICANTS FOR SECONDARY LOCATION ONLY:
Indicate the vendor's number for the secondary location

VENDOR'S NUMBER

6. INDICATE THE TYPE OF VEHICLES THAT WILL BE SOLD AT THE SECONDARY LOCATION:

- New Motor Vehicles
- Used Motor Vehicles
- Motorcycles
- New Manufactured Homes
- Trailers
- All Purpose Vehicles
- Off-Highway Motorcycles
- Used Manufactured Homes
- Recreational Vehicles
- Remanufactured Vehicles

7. NEW MOTOR VEHICLE DEALERS ONLY: Indicate each NEW make to be sold at the secondary location and submit Statements of Contract, BMV 4319, for each.

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NOTE: If the proposed secondary location is in the same taxing district as the main location, you do not qualify for a separate series of dealer license plates. However, you may request an application for additional license plates for the main location. The plates may be used by the secondary location. If the proposed secondary location is located in a different taxing district than the main location, you must obtain a separate dealer license plate series and pay appropriate fees. See (3B) (3C) and (3D).

8. ARE YOU OR DO YOU INTEND ON SHARING THE PROPOSED BUSINESS LOCATION WITH ANOTHER LICENSED MOTOR VEHICLE DEALER? YES NO

If yes, indicate the business name and, if available, the permit number of the other dealer and submit a certificate of compliance form BMV 4347.

BUSINESS NAME	PERMIT NUMBER
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9. WAS THE PROPOSED SECONDARY BUSINESS LOCATION PREVIOUSLY OCCUPIED BY ANOTHER LICENSED MOTOR VEHICLE DEALER? YES NO

If yes, give the business name, if available.

SECONDARY BUSINESS NAME

10. SUBMIT PHOTOGRAPHS OF THE PROPOSED BUSINESS LOCATION'S LOT, OFFICE, (INSIDE AND OUTSIDE), AND BUSINESS SIGN.*

THE SIGN MUST BE PERMANENT, IN THE EXACT BUSINESS NAME, WITH AT LEAST SIX INCH HIGH LETTERS.

YOU WILL LOSE YOUR DRIVER LICENSE IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- **PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • Upon traffic court appearances.
- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license until requirements are met on first offense, ONE YEAR on second offense and TWO YEARS on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$100.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
- **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all the penalties listed above, you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
- **WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

11. I affirm that the owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle(s) without FR coverage; and will not be used as a commercial vehicle unless so registered.

SIGNATURE (OWNER, PARTNER, OFFICER, MEMBER, OR TRUSTEE) X	DATE
PRINT OR TYPE NAME OF SIGNER	

12. NOTARY:

Subscribed and sworn to before me this ____ day of _____, _____ in the county of _____ State of Ohio.

SEAL

My commission expires _____.

X _____
NOTARY PUBLIC

INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION.

Upon receipt of a completed application for certified copy, a physical inspection of the proposed new location will be requested. After the permit has been issued, please allow two weeks for processing, manufacturing, and shipment of license plates. Photographs, in jpg format only, may be e-mailed to DEALERPHOTOS@DPS.STATE.OH.US. Please include your business name and permit number in the subject of your e-mail.

Return completed application, all supporting documents, and fees to: Ohio Bureau of Motor Vehicles, Attn: Dealer Licensing Section, P.O. Box 16521, Columbus, Ohio, 43216-6521.

www.OhioAutoDealers.com