

## OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

## APPLICATION(S) FOR CERTIFICATE OF TITLE TO A MOTOR VEHICLE

(Type or Print in Ink)

CHECK TYPE	E OF APPLICATION	N(S) Fee of \$5.00 for t	failure to a	pply for title wit	hin 30 days o	f assignmen	t.			
APPLICANT'S PRINTED NAME							SSN /	SSN / EIN		
APPLICANT'S PRINTED ADDRESS				CITY		STATE	ZIP C	DDE	COUNTY	
CO- APPLICANT'S NAME								SSN / EIN		
Hereby declares under penalty of perjury that he / she is the lawful (owner / purchaser / lien holder) of the following described motor vehicle and hereby makes application for the following:										
ORIGINAL CERTIFICATE OF TITLE Evidence of ownership										
MCO, Previous Title No., Registration, etc.										
Applicant acquired said motor vehicle by (state how acquired)										
from: Name of Previous Owner Is Seller a Minor?  \[ Yes \] No										
Address of Previous Owner										
The following is a full statement of all liens on said motor vehicle. If no lien state "none", if more than one lien, attach statement of all additional liens.  Lien Holder /E Code # Address										
☐ DUPLIC	CATE CERTIFIC	CATE OF TITLE			,					
Applicant states that Certificate of Title Number has been ; that said motor vehicle has not been sold or disposed of except as stated below: lost, stolen, destroyed										
that said motor vehicle has not been soid of disposed of except as stated below.										
The vehicle is in the possession of and that if said Certificate of Title be hereby										
recovered by this applicant he will deliver same to the Clerk of Courts for cancellation.										
The following is a full statement of all liens on said motor vehicle. If no lien state "none", if more than one lien, attach statement of all additional liens.										
Lien Holder /E Code # Address										
REPLACEMENT CERTIFICATE OF TITLE for Certificate of Title Number										
☐ MEMORANDUM CERTIFICATE OF TITLE for Certificate of Title Number										
SALVAGE CERTIFICATE OF TITLE										
Applicant states that the original Certificate of Title Number has been surrendered to the Clerk of Courts.										
YEAR			The Turner			MAKE				
		,						l		
PURCHASE I	PRICE	TRADE IN ALLOWA	ANCE	GROSS TAX I	DUE VE	NDOR'S D	SCOUNT	TAX PAID		
TAX EXEMP	TION	Ψ		DEALER'S PE		ER		VENDOR'S	NUMBER	
☐ Yes REASON:										
Condition of vehicle (check only one) Good Fair Poor Wrecked Print Title Yes No										
With Right of Survivorship ☐ Yes ☐ No Transfer on Death ☐ Yes ☐ No If yes, BMV 3811 Form required										
Applicant is a minor Yes No If yes, provide Date of Birth/ and BMV 3751 Form required										
Is this an Adaptive Mobility Vehicle defined as being designed, modified, or equipped to be operated by a person with a disability or to transport an occupied wheelchair/scooter with a lift, ramp, or secured system, in accordance with 49 C.F.R. part 568 or 595. Yes										
punishable by	six months imprison	w to state the true sel nment and a fine of up n requested by the Dep	to one tho	usand dollars o	r both. All tran	sfers are au	dited by the	Department	evised Code (R.C.) and is of Taxation. The seller and edue.	
Applicant's	Signature X					340				
Co-Applicant's Signature X										
Sworn to and subscribed in my presence this day of, 20 in							County,			
State of(Notary Seal)										
	, ,	,								
X Signature of	XMy commission expires Signature of Notary Public or other Authorized Officer by law									
oignature of	Notary Public or	other Authorized O	incer by I	aw						

NOTE: A motor vehicle dealer licensed in accordance with 4517 of the R.C., who is the owner or purchaser of the motor vehicle, is not required to have this document notarized under section 4505.063 of the R.C.