



OHIO BUREAU OF MOTOR VEHICLES

PLATE APPLICATION FOR MANUFACTURER'S OR DISTRIBUTORS OF UTILITY TRAILERS OR TRAILERS FOR TRANSPORTING, MOTORCYCLES, SNOWMOBILE OR ALL PURPOSE VEHICLES

1. INDICATE ONE ONLY:

- Manufacturer
- Distributor

2. PLEASE PRINT LEGIBLY IN INK OR TYPE THE FOLLOWING INFORMATION:

BUSINESS NAME				BUSINESS TELEPHONE NUMBER ()	
BUSINESS STREET ADDRESS				FACSIMILE NUMBER ()	
CITY	STATE	ZIP CODE	COUNTY NUMBER	EMAIL ADDRESS	

3. USING A BLACK PEN, SHADE IN A BOX IN EACH COLUMN, UNDER BUSINESS COUNTY, TO INDICATE THE COUNTY NUMBER IN WHICH YOUR BUSINESS IS LOCATED. SEE CHART BELOW FOR THE APPROPRIATE COUNTY NUMBER.

01	ADAMS	16	COSHOCTON	31	HAMILTON	46	LOGAN	61	NOBLE	76	STARK
02	ALLEN	17	CRAWFORD	32	HANCOCK	47	LORAIN	62	OTTAWA	77	SUMMIT
03	ASHLAND	18	CUYAHOGA	33	HARDIN	48	LUCAS	63	PAULDING	78	TRUMBULL
04	ASHTABULA	19	DARKE	34	HARRISON	49	MADISON	64	PERRY	79	TUSCARAWAS
05	ATHENS	20	DEFIANCE	35	HENRY	50	MAHOING	65	PICKAWAY	80	UNION
06	AUGLAIZE	21	DELAWARE	36	HIGHLAND	51	MARION	66	PIKE	81	VAN WERT
07	BELMONT	22	ERIE	37	HOCKING	52	MEDINA	67	PORTAGE	82	VINTON
08	BROWN	23	FAIRFIELD	38	HOLMES	53	MEIGS	68	PREBLE	83	WARREN
09	BUTLER	24	FAYETTE	39	HURON	54	MERCER	69	PUTNAM	84	WASHINGTON
10	CARROLL	25	FRANKLIN	40	JACKSON	55	MIAMI	70	RICHLAND	85	WAYNE
11	CHAMPAIGN	26	FULTON	41	JEFFERSON	56	MONROE	71	ROSS	86	WILLIAMS
12	CLARK	27	GALLIA	42	KNOX	57	MONTGOMERY	72	SANDUSKY	87	WOOD
13	CLERMONT	28	GEAUGA	43	LAKE	58	MORGAN	73	SCIOTO	88	WYANDOT
14	CLINTON	29	GREENE	44	LAWRENCE	59	MORROW	74	SENECA		
15	COLUMBIANA	30	GUERNSEY	45	LICKING	60	MUSKINGUM	75	SHELBY		

Butler Co.
= 09

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BUSINESS COUNTY

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8	8
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4. PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY BUSINESS TRUST

OWNER'S, PARTNER'S, PRESIDENT'S, TRUSTEE'S, MEMBER'S NAME, ADDRESS AND SSN	PARTNER'S, VICE PRESIDENT'S, TRUSTEE'S, MEMBER'S NAME, ADDRESS AND SSN
PARTNER'S, SECRETARY'S, TRUSTEE'S, MEMBER'S NAME, ADDRESS AND SSN	PARTNER'S, TREASURER'S, TRUSTEE'S, MEMBER'S NAME, ADDRESS AND SSN

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

MASTER PLATE (REQUIRED)	1	@	\$25.25	=	\$25.25
POSTAGE (REQUIRED)	1	@	\$ 2.75	=	\$ 2.75
ADDITIONAL PLATES		@	5.25 ea.	=	
TOTAL FEES SUBMITTED					

BOTH SIDES OF THIS FORM MUST BE COMPLETED.

6A) VENDOR'S NUMBER

6B) FEDERAL TAX I.D. NUMBER



YOU WILL LOSE YOUR DRIVER LICENSE FOR AT LEAST 90 DAYS IF YOU DRIVE WITHOUT INSURANCE

- 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 • After certain automobile crashes and • Upon random checks

by the Registrar of Motor Vehicles.

- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license for 90 DAYS on first offense and ONE YEAR on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$75.00 first offense, \$250.00 second offense, and \$500.00 any additional offense • 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 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 for SEVEN YEARS.
- **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.

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.

BUSINESS NAME

X

SIGNATURE (OWNER, PARTNER, OFFICER, MEMBER OR TRUSTEE)

BUSINESS TELEPHONE NUMBER

DATE

PRINT OR TYPE NAME OF SIGNER

NOTARY:

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

SEAL

My commission expires _____

X

NOTARY PUBLIC

LICENSE PLATES MUST BE MANUFACTURED: PLEASE ALLOW 4-6 WEEKS FOR PROCESSING, MANUFACTURING AND SHIPMENT OF THE LICENSE PLATES.

RETURN COMPLETED APPLICATION AND FEE TO: Ohio Bureau of Motor Vehicles, Attn: Dealer Licensing Section P.O. Box 16521 Columbus, Ohio 43216-6521

www.OhioAutoDealers.com