



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 OF APPLICATION(S) Fee of \$5.00 for failure to apply for title within 30 days of assignment.

APPLICANT'S PRINTED NAME		SSN / EIN	
APPLICANT'S PRINTED ADDRESS	CITY	STATE	ZIP CODE
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:

<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	

<input type="checkbox"/> DUPLICATE CERTIFICATE 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
The vehicle is in the possession of _____ residing at _____ 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 _____
<input type="checkbox"/> REPLACEMENT CERTIFICATE OF TITLE for Certificate of Title Number _____
<input type="checkbox"/> 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	VIN	MODEL	BODY TYPE	MAKE	CONVERSION
PURCHASE PRICE \$	TRADE IN ALLOWANCE \$	GROSS TAX DUE \$	VENDOR'S DISCOUNT \$	TAX PAID \$	
TAX EXEMPTION <input type="checkbox"/> Yes REASON: _____		DEALER'S PERMIT NUMBER			VENDOR'S NUMBER

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  No

**Warning:** You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the Ohio Revised Code (R.C.) and is punishable by six months imprisonment and a fine of up to one thousand dollars or both. All transfers are audited by the Department of Taxation. The seller and buyer must provide any information requested by the Department of Taxation. The buyer may be assessed any additional tax found to be due.

Applicant's Signature X

Co-Applicant's Signature X

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

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.