



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

EXPORT APPLICATION FOR A MOTOR VEHICLE

DATE

CERTIFICATE OF TITLE NUMBER

PLEASE TYPE OR PRINT

OWNER SECTION

OWNER(S) NAME (as appears on title)			
OWNER ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE X	DATE	PHONE	

SECURED PARTIES

NAME			
ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE X	DATE	PHONE	
NAME			
ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE X	DATE	PHONE	

VEHICLE INFORMATION

VIN	MAKE	MODEL	YEAR
VEHICLE COLOR	LICENSE NUMBER	CURRENT ODOMETER READING	
Is this a Replica Motor Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide:	MAKE	MODEL	YEAR
PURPOSE OF EXPORT (check one) <input type="checkbox"/> SALE <input type="checkbox"/> LEASE <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> OTHER EXPLAIN OTHER			
DESTINATION VEHICLE			

RECEIPT TO BE DELIVERED TO

NAME			
ADDRESS	CITY	STATE	ZIP CODE
SECURED PARTIES TO BE NOTED ON RECEIPT			
<input type="checkbox"/> DECLARATION OF TEMPORARY EXPORT (Temporary)			
<input type="checkbox"/> CERTIFIED RECEIPT OF TITLE CANCELLATION (Permanent)			
DATE OF EXPORT		DATE OF RETURN	

MAIL TITLE AND THIS APPLICATION TO:

OHIO BUREAU OF MOTOR VEHICLES
TITLE SUPPORT SECTION
P.O. BOX 16521
COLUMBUS OH 43216-6521