



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**EXPORT APPLICATION FOR A MOTOR VEHICLE**

**PLEASE TYPE OR PRINT**

DATE
CERTIFICATE OF TITLE NUMBER

**OWNER SECTION**

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

**SECURED PARTIES**

NAME			
ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE <b>X</b>	DATE	PHONE	
NAME			
ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE <b>X</b>	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