



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION FOR DEALER ASSIGNMENT

POWER OF ATTORNEY TO TRANSFER OWNERSHIP AND ATTESTATION OF MILEAGE AND IDENTITY FOR THE TRANSFER OF OWNERSHIP OF A VEHICLE OR WATERCRAFT TO OR FROM A MOTOR VEHICLE OR WATERCRAFT DEALER LICENSED BY CHAPTERS 4517/1547 PURSUANT TO OHIO REVISED CODE (R.C.) 4505.032/1548.032 AND APPLICATION FOR CERTIFICATE OF TITLE.

ASSIGNMENT OF OWNERSHIP	
I (we) certify the vehicle or watercraft or outboard motor described in this statement was delivered on _____ for the price of \$ _____	
to: _____ Is Seller a Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TRANSFeree'S / BUYER'S PRINTED NAME	TRANSFeree'S / BUYER'S PRINTED ADDRESS

Warning to transferor and transferee (seller and buyer). You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the 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.

PICTURE ID ISSUED FROM STATE OF		OPERATOR LICENSE NUMBER OR ID NUMBER		CURRENT TITLED OWNER(S) NAME	
CONTROL NUMBER	YEAR	MAKE	MODEL	BODY TYPE	LENGTH
TITLE NUMBER	HP	CURRENT TITLE TYPE <input type="checkbox"/> REGULAR <input type="checkbox"/> SALVAGE <input type="checkbox"/> OFF ROAD		THIS VEHICLE WAS A (IF APPLICABLE) <input type="checkbox"/> FORMER LAW ENFORCEMENT <input type="checkbox"/> FORMER TAXI <input type="checkbox"/> FLOOD VEHICLE	
VIN / HIN / MIN					

Federal and State laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing false information may result in fines and/or imprisonment.

I (we) certify to the best of my (our) knowledge that the odometer now reads , NO TENTHS MILES and is the actual mileage of the vehicle unless one of the following statements is checked.

The mileage stated is in excess of the mechanical limits.
 The odometer reading is not the actual mileage. WARNING-ODOMETER DISCREPANCY

APPLICATION FOR CERTIFICATE OF TITLE (Type or Print in Ink) Fee of \$5.00 for failure to apply for title within 30 days of assignment.					
CHECK TYPE OF APPLICATION(S):					
<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> MEMORANDUM	<input type="checkbox"/> WATERCRAFT	<input type="checkbox"/> DUPLICATE (Check One)		
<input type="checkbox"/> OUTBOARD MOTOR	<input type="checkbox"/> SALVAGE	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Destroyed
APPLICANT'S PRINTED NAME				SSN/EIN	
APPLICANT'S PRINTED STREET ADDRESS		CITY	STATE	ZIP CODE	COUNTY
PURCHASE PRICE \$ _____	TRADE IN ALLOWANCE \$ _____	GROSS TAX DUE \$ _____	VENDOR'S DISCOUNT \$ _____	TAX PAID \$ _____	
TAX EXEMPTION <input type="checkbox"/> Yes <input type="checkbox"/> REASON:		DEALER'S PERMIT NUMBER		VENDOR'S NUMBER	

LIEN INFORMATION: If no lien, state "none". If more than one lien, attach statement of all additional liens.				
LIENHOLDER PRINTED NAME / E CODE #	ADDRESS	CITY	STATE	ZIP CODE

Condition of Vehicle or Watercraft or Outboard Motor (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

Is applicant 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

I (we) state that all information contained in this application is true and correct.

APPLICANT'S SIGNATURE
X

TRANSFeree'S / BUYER'S ACKNOWLEDGEMENT OF ABOVE ODOMETER CERTIFICATION AND/OR DUPLICATE TRANSACTIONS	
TRANSFeree'S / BUYER'S OR APPLICANT'S PRINTED NAME	TRANSFeree'S / BUYER'S SIGNATURE X

I / We, the current titled owner or applicant, appoint _____ as my true and lawful attorney-in-fact to execute any and all application for assignment of Certificate of Title for the motor vehicle listed above. I attest to the above odometer reading. I warrant the title to be free of all liens.

TRANSFEROR'S / SELLER'S PRINTED NAME		TRANSFEROR'S / SELLER'S SIGNATURE X			
TRANSFEROR'S / SELLER'S PRINTED ADDRESS		CITY	STATE	ZIP CODE	