

OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

MOTOR VEHICLE DEALER APPLICATION FOR BUSINESS NAME / DBA CHANGE

OHIO REVISED CODE (R.C.) 4517.23

Change of status notice is required in writing, within 15 days of the change.

INCOMPLETE INFORMATION WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION

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☐ Change of Business Name		Add a DBA Name	a DBA Name		move a DBA Name	
	e dealer has sixty (60) days fro t be able to be transferred by to court order process.					
EXACT BUSINESS NAME		DEALER PERMIT#	DEALER PERMIT #		DEALER PLATE #	
REGISTERED DBA OR TRADE NAME				BUSINESS TELEPHONE		
OLIDDENT DUOINEOG OTDE		L n o nov		E MAIL ADDRESS (ODTIONAL)		
CURRENT BUSINESS STREET ADDRESS		P.O. BOX		E-MAIL ADDRESS (OPTIONAL)		
CITY		STATE	ZIP CODE	I	COUNTY	
	that a physical inspection r meet any requirements it m e license.					
CHANGE OF BUSINES	SS NAME					
NEW BUSINESS NAME						
permanent, properly n from the public roadw Submit photographs i business name and po	Iny registered trade naintained and promingay. In JPG format only, and ermit number in the suited the submitted of the submi	ently displayed by the de-mail to: dealerphoto bject of your e-mail. dicate each MAKE that	entrance of the os@dps.ohio.got will be sold:	e office, if <u>Iov</u> . Please	the sign is not visible	
MAKE	MAKE	MAKE	MAK	-	MAKE	
455 65 5546VE 4 5						
DBA OR FICTITIOUS NAME						
∐ ADD						
DBA OR FICTITIOUS NAME						
РНОТО	S MAY BE SUBMITTED	BY MAIL WITH THE A	APPLICATION (OR BY E-M	AIL TO	
	<u>deal</u>	erphotos@dps.ohi	o.gov			
MOTOR VEHICLE DEALERS					FEES	
MOTOR VEHICLE DEALER PERMIT (REQUIRED)					\$ 2.00	
AMENDED REGISTRATION CARDS MASTER PLATE + ADDITIONAL PLATES (REQUIRED, IF ISSUED LICENSE PLATES) \$1.00 x						
		\$1.00 x	5		\$	

MAKE CHECKS PAYABLE TO "OHIO TREASURER OF STATE"

I AFFIRM THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND THAT I, AS OWNER, PARTNER, OFFICER, MEMBER OR TRUSTEE HAVE AUTHORITY TO SIGN THIS APPLICATION.

SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, OR TRUSTEE)	DATE				
X					
PRINT NAME OF SIGNER					

RETURN THE COMPLETED APPLICATION, PHOTOS, OTHER SUPPORTING DOCUMENTS AND FEES TO:

Ohio Bureau of Motor Vehicles
Attention: Dealer Licensing Section
P.O. Box 16521
Columbus, Ohio 43216-6521

For Additional Information and Laws
Visit our Web site at www.OhioAutoDealers.com