



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR IN-TRANSIT PERMIT
BY DRIVE-AWAY OPERATOR**

A person, firm, or corporation in Ohio as a drive-away operator or trailer transporter or both, for transporting or delivering new motor vehicles from the manufacturer or any other point of origin to any point of destination, or used motor vehicles from any individual, firm, or corporation to any point of destination. [Ohio Revised Code 4503.33]

If you are a Manufactured Home Dealer/Broker licensed through the Division of Real Estate, provide Permit Number _____.

1) PLEASE PRINT LEGIBLY IN INK OR TYPE THE FOLLOWING INFORMATION:

BUSINESS NAME				BUSINESS TELEPHONE NUMBER
BUSINESS STREET ADDRESS				FACSIMILE NUMBER
CITY	STATE	ZIP CODE	COUNTY NUMBER	E-MAIL ADDRESS

2) FEDERAL TAX I.D. NUMBER:

3) INDICATE STYLE OF BUSINESS

PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY BUSINESS TRUST

OWNER'S, PARTNER'S, PRESIDENT'S, TRUSTEE'S, MEMBER'S NAME, ADDRESS, AND SSN	PARTNER'S, VICE PRESIDENT'S, TRUSTEE'S, MEMBER'S NAME, ADDRESS, AND SSN
PARTNER'S, SECRETARY'S, TRUSTEE'S, MEMBER'S NAME, ADDRESS, AND SSN	PARTNER'S, TREASURER'S, TRUSTEE'S, MEMBER'S NAME, ADDRESS, AND SSN

4) CLEARLY STATE THE PURPOSE / OR USE FOR WHICH YOU ARE APPLYING FOR THESE PLATES:

5) CHECKS PAYABLE TO "OHIO TREASURER OF STATE" (DO NOT SEND CASH).

MASTER PLATE (REQUIRED)	1	@	\$50.25	=	\$50.25
POSTAGE (REQUIRED)	1	@	\$ 4.50	=	\$ 4.50
ADDITIONAL PLATES		@	\$ 3.25 ea.	=	\$ 0.00
TOTAL FEES SUBMITTED					\$54.75

**FEES ARE NON-REFUNDABLE
BOTH SIDES OF THIS FORM MUST BE COMPLETED**

YOU WILL LOSE YOUR DRIVER LICENSE IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- **PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • Upon traffic court appearances.
- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license until requirements are met on first offense, ONE YEAR on second offense and TWO YEARS on additional offenses • Pay reinstatement fees of \$40.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • Be required to maintain special FR coverage (SR-22) on file with the Bureau of Motor Vehicles (BMV) for ONE YEAR.
- **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all the penalties listed above, you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
- **WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$25,000 bodily injury per person, \$50,000 injury two or more persons, and \$25,000 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY in the amount of \$30,000 on deposit with the Registrar of Motor Vehicles • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

I affirm that the owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle(s) without FR coverage; and will not be used as a commercial vehicle unless so registered. I also affirm that all statements in the foregoing application and in any attached sheet(s), are true and correct and that I, as proprietor, or as a partner, member, or trustee, have authority to sign this application and make the statements contained herein.

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

Notary:

Sworn to and subscribed in my presence this ____ day of _____, 20 ____ in _____ County,

State of _____.

(Notary Seal)

Signature of Notary Public **X** _____ My commission expires _____

RETURN COMPLETED APPLICATION AND FEE TO:

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

LICENSE PLATES MUST BE MANUFACTURED: PLEASE ALLOW 4-6 WEEKS FOR PROCESSING, MANUFACTURING AND SHIPMENT OF THE LICENSE PLATES.

www.OhioAutoDealers.com