



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**MOTOR VEHICLE DEALER APPLICATION  
FOR CHANGE OF OFFICER(S)**

Failure to complete *ANY* portion of this application will delay the processing of the license. By completing, signing, and submitting this application with all required documentation, as applicable, you are affirming that you understand all the requirements of Chapter 4517 of the Ohio Revised Code (R.C.) and Chapter 4501:1-3 of the Ohio Administrative Code (O.A.C.).

**If there has been a change to the business structure (e.g. change from sole proprietor to LLC), you must apply for a license in the new business structure.**

**PLEASE WRITE LEGIBLY**

**DEALERSHIP INFORMATION**

REGISTERED BUSINESS NAME, SOLE PROPRIETOR OR PARTNERSHIP BUSINESS NAME	
DATE REGISTERED WITH SECRETARY OF STATE	STATE OF INCORPORATION (IF A CORPORATION)

REGISTERED FICTITIOUS NAME OR TRADE NAME	DATE OF REGISTRATION
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BUSINESS STREET ADDRESS		P.O. BOX #	SUITE #
CITY		STATE	ZIP CODE
COUNTY	PERMIT #	BUSINESS TELEPHONE #	ALTERNATE TELEPHONE #

BUSINESS E-MAIL ADDRESS

Please include a valid **business e-mail address** to receive electronic notification(s) on the processing of your application.

**IMPORTANT INFORMATION**

**Applications for a license may be denied for which include:**

- Having been convicted of, judicial finding of guilt of, or plea of guilty to a disqualifying offense as determined under section 9.79 of the R.C.

**For a complete list of disqualifying offenses, visit our website at [www.OhioAutoDealers.com](http://www.OhioAutoDealers.com).**

**OWNERSHIP INFORMATION (R.C. 4517.07, 4517.12 and O.A.C 4501:1-3-07, 4501:1-3-09)**

- All **Ohio residents** who are listed on this application **MUST** be electronically fingerprinted. Applicants must request that the results be sent electronically to **direct copy "BMV Dealer Licensing"** at the web check locations in order for them to be forwarded to the BMV Dealer Licensing Section. (For a complete list of electronic fingerprinting locations in Ohio, visit [www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov).)
- **All out-of-state applicants**, or those who qualify for electronic exemption that are listed on this application, **MUST** submit a fingerprint card (*supplied by Dealer Licensing or Ohio Attorney General's Office*), exemption form, and fingerprint card processing fee with the application for license. Contact the Dealer Licensing Section at (614) 752-7636 to request that a fingerprint card and exemption form be mailed to you.

All individuals listed on this application are required to complete a criminal history record through the Bureau of Criminal Identification and Investigation (BCI). A Federal Bureau of Investigation (FBI) criminal history record is not acceptable in place of a BCI criminal history record.

**NOTE: Some background checks could take BCI up to thirty (30) days for processing.**

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability (LLC) ( <i>Members</i> )	<input type="checkbox"/> Business Trust ( <i>Trustees</i> )	<input type="checkbox"/> Partnership ( <i>Partners</i> )
<input type="checkbox"/> Corporation (INC) ( <i>President, Vice President, Treasurer, Secretary</i> )		<input type="checkbox"/> Other Registered Entity* _____	

\*You may be required to show the registered ownership structure.

**CORPORATION:** Minutes of an Executive Board meeting stating the change of President **must** be submitted with this application.

**REMOVE THE FOLLOWING INDIVIDUAL**

TITLE <input type="checkbox"/> President <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FULL NAME			SSN
TITLE <input type="checkbox"/> Vice President <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FULL NAME			SSN
TITLE <input type="checkbox"/> Treasurer <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FULL NAME			SSN
TITLE <input type="checkbox"/> Secretary <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FULL NAME			SSN

Any additional persons, please list on a separate sheet of paper and attach with this application.

**ADD THE FOLLOWING INDIVIDUAL**

TITLE <input type="checkbox"/> President <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE #
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED	

TITLE <input type="checkbox"/> Vice President <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE #
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED	

TITLE <input type="checkbox"/> Treasurer <input type="checkbox"/> Member ( <i>owning 10% or more</i> ) <input type="checkbox"/> Partner <input type="checkbox"/> Trustee			
FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE #
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED	

TITLE			
<input type="checkbox"/> Secretary	<input type="checkbox"/> Member (owning 10% or more)	<input type="checkbox"/> Partner	<input type="checkbox"/> Trustee
FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE #
ELECTRONIC FINGERPRINTS COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED	

Any additional persons, please list on a separate sheet of paper and attach with this application.

**I, as an authorized representative of the business entity or sole proprietor, to the best of my knowledge and belief, acknowledge responsibility for any misrepresentation of the foregoing information and the subsequent statements in this application and any additional documents, as applicable.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does any person listed on this application have an ownership interest in another motor vehicle business entity?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Has any person listed on this application previously applied for a motor vehicle dealer's license, leasing license, distributor's license, auction owner's license, motor vehicle salvage license, salvage motor vehicle auction license, salvage motor vehicle pool license, construction equipment auction license, or salesperson's license?  (If yes, please list below; submit any additional information on a separate sheet of paper.)		
BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	PERMIT # (if issued)
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has any person listed on this application ever had their dealer's license suspended or revoked?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Has any person listed on this application ever been convicted of, judicial finding of, or plea of guilty to a disqualifying offense as determined under section 9.79 of the R.C. in this state or any other state?  <b>For a complete list of disqualifying offenses, visit our website at <a href="http://www.OhioAutoDealers.com">www.OhioAutoDealers.com</a>.</b>  If answered "yes", please provide the following <b>certified</b> documents and information:  (1) A certified copy of a conviction or journal entry; (2) A certified copy of the sentencing entry; and (3) A certified copy of the indictment or complaint.  If in another state, list the state(s): _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Has any person listed on this application ever had a civil judgment rendered against them that was related to tampering with an odometer, rolling back an odometer, or failing to provide true and accurate odometer disclosure statements?  If answered "yes", please provide the following <b>certified</b> documents and information:  (1) A certified copy of a journal entry showing the final disposition of the judgment; (2) The court of jurisdiction that decided the civil judgment; (3) The court's case number; and (4) The date the civil judgment was issued.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Does any person listed on this application have an unsatisfied civil judgment resulting from a motor vehicle transaction? (e.g. Title Defect Rescission Fund)  If answered "yes" to either this question or #8, please provide the following <b>certified</b> documents and information:  (1) A certified copy of a journal entry showing the final disposition of the judgment; (2) The court of jurisdiction that decided the civil judgment; (3) The court's case number; and (4) The date the civil judgment was issued.		

**PLEASE ALLOW 4 - 6 WEEKS FOR THE PROCESSING OF COMPLETED LICENSE APPLICATIONS.**

✓ **NOTE:** The 4 - 6 weeks is from the time that the Dealer Licensing Section receives the application.

**FAILURE TO COMPLETE ANY PORTION OF THIS APPLICATION WILL DELAY THE PROCESSING OF THE LICENSE.**

✓ **NOTE:** All changes, including officers, business name, address, and hours of operation must be reported to Dealer Licensing within fifteen (15) days of the change.

I understand that the Registrar of motor vehicles must be notified if there is a change of status at the licensed location, including, but not limited to, personnel of ownership, relocation of the place of business, posted business hours, and telephone number.

I understand that this application may be denied if any individual listed under the ownership has been convicted of, judicial finding of guilt of, or plea of guilty to a disqualifying offense as determined under section 9.79 of the R.C. Notification of an administrative hearing shall be given to the applicant in a timely manner upon notification to the Board of such a conviction.

I affirm that the motor vehicles owned by this business will be insured or have other financial responsibility coverage, will not be operated without financial responsibility coverage, and will not be used as commercial vehicles unless so registered.

***I, as an authorized representative of the business entity or sole proprietor, acknowledge that all information in the foregoing application and in any additional documentation is true and correct.***

PRINTED OR TYPED NAME OF SIGNER	
SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, TRUSTEE, OR PRINCIPAL OWNER) <b>X</b>	DATE OF APPLICATION

**Notary:**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
in \_\_\_\_\_ County, State of \_\_\_\_\_.

(Notary Seal)

Signature of Notary / Clerk / Deputy Clerk (circle one) **X** \_\_\_\_\_

My commission expires \_\_\_\_\_

**RETURN THE COMPLETED APPLICATION,  
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 all applicable laws visit our Web site at [www.OhioAutoDealers.com](http://www.OhioAutoDealers.com).