

OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

REGISTRATION APPLICATION FOR GRATIS AND FREE MILITARY LICENSE PLATE(S)

IMPORTANT INSTRUCTIONS

- 1. Complete all blocks (SIGNATURE REQUIRED).
- 2. If this vehicle has not been permanently plated, you are required to submit your ORIGINAL Certificate of Title or ORIGINAL Memorandum of Title. You may apply in person at your local Deputy Registrar's office or by mail. If applying by mail and you prefer not to submit your ORIGINAL title or Memorandum of Title you may have it verified at your local Deputy Registrar's office for a fee of \$5.00.
- 3. An Affidavit for Registration (BMV 5712) is REQUIRED, if this vehicle is a non-commercial truck, non-commercial trailer or a utility car and does not display a current plate.
- 4. Complete emissions test if the model year of the vehicle is more than 4 years old and you reside in one of the following counties: (18) Cuyahoga, (28) Geauga, (43) Lake, (47) Lorain, (52) Medina, (67) Portage, or (77) Summit.
- 5. Follow the directions (below) for specific license plate application.
- 6. FREE Boat Trailer: Please submit by mail or in person: Manufacturers Statement of Origin, Certificate of Origin, Official Weight Slip (BMV 5721), previous owner's Ohio Non-Commercial Registration with Affidavit (BMV 5728) or out of state title with proof of unladen weight.

AVAILABLE IN PERSON OR BY MAIL

VETERAN WITH DISABILITIES

If you are a veteran with disabilities, attach a current letter, dated within the last year, from the U.S. Department of Veterans Affairs (VA), stating your service-connected disability has a rating of 100%, or stating you have received a monetary allowance from the VA toward the purchase of a motor vehicle.

MILITARY LOGO LICENSE PLATE IN LIEU OF VETERAN WITH DISABILITIES

If you are eligible for a Veteran with Disabilities logo license plate, per Ohio Revised Code (R.C.) 4503.29, you may select a military logo license plate in lieu of a Veteran with Disabilities license plate or in addition to a Veteran with Disabilities license plate. You must provide documentary evidence supporting issuance of the selected military logo license plate in addition to evidence showing eligibility for the Veteran with Disabilities license plate. For a complete list of military license plates, please visit https://www.bmv.ohio.gov/vr-sp-geninfo.aspx.

- 1. Please indicate your military logo license plate selection in the box provided on page two (2) of this application. *
- 2. If requesting a personalized or initial reserve format, please complete page three (3) of this application.
 - Annual fees apply: Personalized \$50.00 / Initial Reserve \$25.00.
 - This option is only available for military logo license plates issued in lieu of Veteran with Disabilities plates.

AVAILABLE BY MAIL (ONLY)

FORMER PRISONER OF WAR OR SPOUSE OF DECEASED FORMER PRISONER OF WAR

If you are a former Prisoner of War or spouse of a former Prisoner of War, attach a copy of the Prisoner of War Record of Separation (DD214) or a copy of the honorable discharge; AND any one of the following documents stating Prisoner of War status:

- 1. Any documentary evidence of Prisoner of War status from one of the Armed Forces of the United States.
- 2. Telegram advising family of Prisoner of War status.
- 3. Letter from the War Claims Commission or U.S. Department of Veterans Affairs.
- 4. Spouses must supply a copy of the Death Certification or Marriage Certificate.

CONGRESSIONAL MEDAL OF HONOR

If you have received this award, attach documentary evidence in support of award.

These license plates are issued without validation stickers (except Military Logo). For more information call (614) 752-7518.

Enclose Payment. Make Check or money order payable to: OHIO TREASURER OF STATE

FOR MAIL PROCESSING OHIO BUREAU MOTOR VEHICLES
RETURN DOCUMENTS TO: REGISTRATION SUPPORT SERVICES

P.O. BOX 16521

COLUMBUS, OHIO 43216-6521

WARNING: Any applicant giving false information is subject to prosecution under R. C. 2913.42. Application must be signed by the owner(s) as named on certificate of title.

CHECK APPROPRIATE BOXES BELOW **REGISTRATION TYPE VEHICLE CLASS PLATE TYPE** □ NEW ☐ PASSENGER VEHICLE / VAN ☐ PRISONER OF WAR ☐ RENEW (plate #___ ☐ CONGRESSIONAL MEDAL OF HONOR ☐ NON-COMM TRUCK Years: 1 2 3 4 5 ☐ VETERAN WITH DISABILITIES ☐ NON-COMM TRAILER / BOAT TRAILER □ EXCHANGE See page 1 for instructions on what documents ☐ MOTORCYCLE are required to issue requested plate. ☐ TRANSFER (plate # ☐ MOTOR HOME *Please write the name of the military license (\$1.00 fee applicable) plate being requested in lieu of the Veteran with ☐ HOUSE VEHICLE Disabilities license plate. ☐ REPLACEMENT PLATE (plate # ☐ RECREATION VEHICLE Military plate name: ☐ LOST ☐ STOLEN ☐ DAMAGED For a complete list of military license plates please visit https://www.bmv.ohio.gov/vr-sp-geninfo.aspx ☐ DUPLICATE REGISTRATION ONLY NUMBER OF PLATES REQUESTED Only applicable to passenger vehicles, motor homes, and non-commercial trucks. 1 2 DEPUTY REGISTRAR NAME AND NUMBER CERTIFICATION OF TITLE INSPECTED BY AGENCY TELEPHONE SSN, DL, OR STATE ID # DATE OF BIRTH E-CHECK IDENTIFICATION NUMBER **CURRENT PLATE** OWNER NAME **ADDRESS** CITY ZIP CODE COUNTY TELEPHONE JOINT OWNER / LESSEE NAME JOINT OWNER SSN LEASOR TAX ID# MAILING ADDRESS (IF DIFFERENT) VEHICLE SERIAL # DATE PURCHASED TITLE # YEAR MAKE MODEL **BODY TYPE** COLOR BECOME AN ORGAN, EYE, AND TISSUE DONOR Visit https://bmvonline.dps.ohio.gov/bmvonline/dl/organdonor/agreement ☐ YES (Please do not answer if already registered) for more information regarding organ donor registration. 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. If applying for a driver license or permit, I affirm that I now have insurance or other financial responsibility coverage and that I will not operate any motor vehicle without FR coverage, and that I received an FR coverage notice form. If registering a motor vehicle, I affirm that all owners (or lessees of leased vehicles) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage. SIGNATURE DATE

X

PERSONALIZED OR INITIAL RESERVE (OPTIONAL)

IMPORTANT INSTRUCTIONS

The option to purchase a personalized or initial reserve license plate is ONLY eligible for the following license plate:

• Military logo license plates issued in lieu of Veterans with Disabilities license plate.

Personalized or initial reserve license plates are available to the following vehicle classes: Passenger, Noncommercial Truck, Noncommercial Trailer, House Vehicles, Motor Home, Motorcycle (limited options), and Unconventional Vehicles.

INDICATE YOUR CHOICES AND THE MEANINGS FOR PERSONALIZED OR INITIAL RESERVE LICENSE PLATES

- The first available choice will be assigned. For a system assigned stock plate, do not indicate a choice.
- Fees listed below are required annually in addition to basic registration fees.
- Dashes, symbols, and punctuation marks are not permitted.
- Maximum of five characters permitted on motorcycle license plates (including spaces). Limited logo plate availability.
- Maximum of six characters permitted on specialty logo license plates (including spaces).
- Amateur Radio plates will display FCC call letters
- Visit www.OPLATES.com for additional guidelines or logo license plate availability.

| PERSONALIZED \$50.00 | | Plate must contain a minimum of four letters Two letters before and after two numbers: FC26KW through ZZ99ZZ (excluding RA01AA through RK99LN) Leave a box empty to indicate a space (one space = one character) Four-character license plates allow up to two spaces | | | | | | | | | | | | | |
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| INITIAL RE: \$25.0 | Up to One le One le Two le Three Up to | Initial Reserve plates are automatically spaced and do not allow customized spacing Up to three letters One letter before or after 1 through 99999 One letter after six numbers Two letters before or after 1 through 99999 Three letters before or after 1 through 9 Up to five numbers between two letters Numbers 1 through 9999 or 28801 through 9999999 | | | | | | | | | | | | | |
| | , | FIRST CHOICE | | | | | | | SECOND CHOICE | | | | | | |
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| THIRD CHOICE | | | | | | | FOURTH CHOICE | | | | | | | | |
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| MEANING OF PLATE(S) REQUESTED | | | | | | | | | | | | | | | |
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| CUSTOMER SIGNATURE X | | | | | | | | | | DATE | | | | | |
| E-MAIL ADDRESS (optional) | | | | | | | | | | | | | | | |
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