



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION FOR REGISTRATION BY MAIL

May be used for plate issuance for new vehicle registration or renewal registration.
Applicant giving false information is subject to prosecution Ohio Revised Code 2921.13

INSTRUCTIONS

Mail the completed application and all required documents to:

The Bureau of Motor Vehicles, Vehicle Information Services, Registration Support Services, P.O. Box 16521, Columbus, Ohio 43216-6521. For assistance with the required fees, call (614) 752-7518.

DO NOT use this form for Collector or Historical license plates. Collector (BMV 4803) and Historical (BMV 4806) forms may be obtained at your local Deputy Registrar or online at www.bmv.ohio.gov.

Allow four weeks for the processing of your application and mailing of the license plate(s) or registration sticker(s). Failure to follow instructions may delay the processing of your application.

The following items must be returned to the Ohio Bureau of Motor Vehicles to register by mail:

1. If you are applying for a new registration, this application must be completed in full and signed below.
2. If this application is for a new vehicle, you must provide the original Ohio Certificate of Title or Memorandum Title for the vehicle before Ohio license plates can be issued. Titles are issued by your Ohio County Clerk of Courts office.
3. **If this is a leased vehicle**, you must ALSO submit a Power of Attorney form and a copy of the lease agreement signed by the lease company (photocopies accepted; originals not returned) or your application will be returned to you unprocessed, unless electronically submitted.
4. Total amount due. Make check or money order payable to: Ohio Treasurer of State. **DO NOT SEND CASH.** Registration will be cancelled and a \$15.00 penalty assessed for any check returned unpaid by the financial institution.
5. Hybrid/Plug-in Hybrid/Electric vehicles will be assessed an additional fee of \$100/\$150/\$200 annually per Ohio Revised Code 4503.10 (C)(3)(4).
6. If registering a vehicle, which is not a passenger or motorcycle for the first time, submit a BMV 5712.
7. E-Check is required during the Multi-Year registration period for qualifying vehicles.

All vehicles up to 25 years old and owned by residents of the following counties are required to be tested:

Cuyahoga	Lake	Medina	Summit
Geauga	Lorain	Portage	

Vehicles with even-number model years will be tested in even-number years, odd-number model years in odd years. This will apply for registration renewal. Motorists who buy used vehicles must pass the test prior to registration. Vehicles four-years old or less are exempt from the test if you are the initial vehicle owner. If you have questions concerning EPA requirements call (614) 644-3059 or (800) Car-Test.

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 • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$40.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
- **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- **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 financial responsibility (FR) coverage covering this vehicle and will not operate or permit the operation of this vehicle without FR coverage; and this vehicle will not be used as a commercial vehicle unless so registered.

SIGNATURE(S) X	DATE	PHONE
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REGISTRATION INFORMATION FOUND ON OHIO REGISTRATION CARD (TYPE OR PRINT)

OHIO LICENSE PLATE #	EXPIRATION DATE	CERTIFICATE OF TITLE NUMBER INSPECTED BY	DEPUTY NAME / DEPUTY #
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VEHICLE INFORMATION FROM OHIO CERTIFICATE / MEMORANDUM OF TITLE

VEHICLE SERIAL #	MAKE	YEAR	TYPE	CERTIFICATE OF TITLE #	DATE OF PURCHASE
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OWNER INFORMATION FROM OHIO CERTIFICATE / MEMORANDUM OF TITLE

OWNER NAME	MONTH & DAY OF BIRTH	SSN / TIN / OH DL / OH ID	VEHICLE COLOR	
OWNER ADDRESS		CITY	STATE OHIO	ZIP CODE
JOINT OWNER OR LESSEE NAME	OHIO COUNTY OF RESIDENCE	SOCIAL SECURITY # OR TAX ID	DAY TIME PHONE	
LESSOR'S ADDRESS IF VEHICLE IS LEASED		CITY	STATE	ZIP CODE
E-MAIL ADDRESS		BECOME AN ORGAN, EYE, AND TISSUE DONOR <i>(Please do not answer if already registered)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

Visit <https://bmvonline.dps.ohio.gov/bmvonline/dl/organdonor/agreement> for more information regarding organ donor registration.

REGISTRATION INFORMATION

PLEASE CHOOSE THE REQUIRED ACTION BELOW	
<input type="checkbox"/> New	<input type="checkbox"/> Renew
Please indicate the number of registration years desired. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Permanent <i>(Only applicable for Noncommercial Trailers)</i>	
Please indicate the number of plates desired. <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<input type="checkbox"/> Transfer	<input type="checkbox"/> Duplicate Registration w/Validation Sticker <input type="checkbox"/> Duplicate Registration Only
Exchange To Different Plate: <input type="checkbox"/> Stock <input type="checkbox"/> Logo <input type="checkbox"/> Personalized/Initial Reserve	
Replacement Plate(s): <input type="checkbox"/> Retain Current Number (additional \$10) <input type="checkbox"/> Receive a New Number	
Reason For Replacement: <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Other: _____	

Yes No Is your vehicle registration under suspension or revocation under Ohio financial responsibility law?

Yes No Has the motor vehicle that is now being registered been operated by the owner on public roads or highways prior to the date of this application?

Yes No If operated by the owner on public roads or highways prior to this date, have the required registration or transfer fees been paid?

MAILING ADDRESS INFORMATION

If the address that the license plates or validation stickers are to be mailed is different from that shown above, fill in the following:

ADDRESS	CITY	STATE	ZIP CODE
If this is a temporary mailing address please list dates.		BEGINNING DATE	ENDING DATE

You may make a non-refundable donation to the children's **Save Our Sight** fund by checking the box below and entering the amount you wish to donate. Add this to your total fees due. For more information on the children's **Save Our Sight** fund, please call **1-800-755-GROW (4769)**.

Yes, I would like to donate to the children's Save Our Sight fund. I would like to donate \$_____

Fees must be included with the application. If you have questions regarding fees; please call (614) 752-7518, or refer to page 2 of the Web site www.bmv.ohio.gov/links/bmv-all-fees.pdf.

Complete this page if you are purchasing a logo, personalized, or initial reserve license plate.

Some plates require additional documentation and/or fees.

For additional vehicle registration information call (614) 752-7518.

Please write the name of the logo license plate being requested.

Name of Logo

For a complete list of logo license plates please visit: www.bmv.ohio.gov/vr-sp-geninfo.aspx.

SPECIAL PLATE CONSENT TO CONTACT

As a contributor to an organization, with the purchase of my special plate, I **CONSENT** / **DO NOT CONSENT** to have my name and address only disclosed to the sponsoring organization.

SIGNATURE

DATE

X

INDICATE YOUR CHOICES AND MEANINGS FOR INITIAL / RESERVE OR PERSONALIZED SPECIAL LICENSE PLATES IN THE SPACE PROVIDED BELOW.

If you want system-assigned plates (the next number assigned in sequential order), then **DO NOT** submit choices.

The first available choice will be assigned. When possible, a substitute assignment will be made. There is a **MAXIMUM of 7 characters** on license plates with up to two spaces permitted. There is a **MAXIMUM of 6 characters** for license plates with logos (due to size limitations, a space counts as one character). There is a **MAXIMUM of 5 characters** on motorcycle plates (not available with any logo except Disability, Purple Heart, and POW / MIA). Leave a box empty to indicate a space for reserved/personalized plates. Dashes, symbols, and punctuation marks cannot be used. *Amateur Radio plates will be FCC call letters.*

FIRST CHOICE

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SECOND CHOICE

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www.OPLATES.com

THIRD CHOICE

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FOURTH CHOICE

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MEANING OF PLATE(S) REQUESTED (Inappropriate requests will not be issued.)

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INITIAL RESERVE FORMATTING

THREE LETTERS ONLY

THREE LETTERS BEFORE OR AFTER 1 THRU 9

ONE LETTER BEFORE AND AFTER 1 THRU 99999

ONE LETTER BEFORE OR AFTER 1 THRU 999999

TWO LETTERS ONLY

TWO LETTERS BEFORE OR AFTER 1 THRU 99999

NUMBERS ONLY 28801 THRU 9999999