



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**MOTOR VEHICLE PHYSICAL INSPECTION FOR OHIO RESIDENTS
AND MILITARY PERSONNEL TEMPORARILY LIVING OUT OF STATE**
REQUIRED BY OHIO REVISED CODE (R.C.) 4505.061

This form is for a motor vehicle that was previously registered in another state and the owner is stationed or located out of state temporarily. This form must accompany the application for certificate of title and be filed with the clerk of courts. Void after 30 days.

- You must be an Ohio resident with an Ohio driver license or Ohio identification card.
- Social security number can be used as a form of identification by military personnel with an out of state driver license only.
- Application must be in the name of an individual; no business names permitted.
- For military personnel, this inspection must be performed by your commanding military authority.
- For Ohio residents living out-of-state temporarily, this inspection must be performed by the law enforcement agency where you are staying temporarily.

Fee: \$1.50 is payable to the Clerk of Courts at the time of application for title

NAME OF OWNER (PLEASE PRINT) (INDIVIDUAL, NOT BUSINESS)	OWNER OHIO DRIVER LICENSE / OHIO ID NUMBER (REQUIRED)		
STREET ADDRESS	CITY	STATE OHIO	ZIP

NOTE: VIN must be read from windshield unless vehicle is excluded per 49 Code of Federal Regulation 535

VEHICLE IDENTIFICATION NUMBER (VIN)		
MAKE	MODEL	BODY TYPE
MILEAGE-- NOT TO BE USED TO ESTABLISH MILEAGE ON TITLE		

Making a false statement on this application is a violation of R.C. 2921.13, a first degree misdemeanor.

NAME OF MILITARY AUTHORITY OR LAW ENFORCEMENT AGENCY (PRINT)			
TELEPHONE NUMBER	ORIGINATING AGENCY IDENTIFIER		
STREET ADDRESS	CITY	STATE	ZIP
PRINTED NAME OF PERSON PERFORMING INSPECTION	RANK		

I, an authorized signer of the above military authority or law enforcement agency, certify that I have physically inspected the above vehicle and determined that the vehicle identification number on the vehicle is identical to the vehicle identification number documented on this form.

INSPECTOR SIGNATURE X	DATE
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