



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**LICENSED MOTOR VEHICLE DEALER
OUT OF STATE MOTOR VEHICLE PHYSICAL INSPECTION
REQUIRED BY OHIO REVISED CODE (R.C.) 4505.061**

THIS INSPECTION MUST BE COMPLETED ONLY AT THE DEALER'S LICENSED LOCATION.

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		

An owner of a motor vehicle that is previously registered in another state must submit this form with an application for certificate of title to the clerk of courts within 30 days of the inspection or it shall be voided.

NAME OF VEHICLE OWNER (PLEASE PRINT)		OWNER'S DRIVER LICENSE / ID NUMBER (OPTIONAL)	
STREET ADDRESS	CITY	STATE	ZIP

THIS FORM WILL BE VOID IF THE DEALERSHIP IS NOT A VALID MOTOR VEHICLE DEALER IN OHIO

NAME OF DEALERSHIP (PRINT)		DEALER PERMIT NUMBER	
DEALERSHIP ADDRESS	CITY	STATE OH	ZIP
NAME OF PERSON PERFORMING INSPECTION (PRINT FIRST NAME, LAST NAME)		POSITION AT DEALERSHIP	

A fee of \$3.50 is payable to the dealer at the time of inspection and a fee of \$1.50 is payable to the Clerk of Courts at the time of application for title.

The form will be voided if: 1) it is not printed in ink, 2) there are erasures or alterations, and / or 3) not signed by an authorized employee of the licensed motor vehicle dealership.

WARNING: Knowingly making a false statement on this form constitutes falsification, a first degree misdemeanor punishable by criminal fines and imprisonment, and also may result in civil liability, R.C. 2921.13.

I, an authorized employee of the above dealership, certify I have physically inspected the above vehicle at the above licensed dealership location and have determined that the vehicle identification number on the vehicle is identical to the vehicle identification number documented on this form.

SIGNATURE OF PERSON PERFORMING INSPECTION X	DATE
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