



OHIO BUREAU OF MOTOR VEHICLES APPLICATION FOR DUPLICATE VEHICLE IDENTIFICATION NUMBER (VIN) TO A MOTOR VEHICLE

This application is made by (check one): State of _____

the owner of the motor vehicle, or County of _____

the owner's insurer: *(If checked, fill out insurer's information box below:)*

INSURER'S NAME			TELEPHONE NUMBER ()
ADDRESS (STREET)	CITY	STATE	ZIP CODE

for the replacement of the vehicle identification number (VIN) plate or vehicle parts derivative identification number plates or stickers determined by a law enforcement officer upon inspection in accordance with Ohio Administrative Code (OAC) 4501:1-11-01, et seq. for the following vehicle:

MAKE	MODEL	YEAR
ORIGINAL VIN		CERTIFICATE OF TITLE NUMBER
OWNER'S NAME		DAYTIME PHONE NUMBER ()
ADDRESS (STREET)	CITY	STATE ZIP CODE

The VIN plate or parts were (check one):

- removed defaced covered altered destroyed

by (check one):

- another person without the consent of the owner.
 accident or other casualty not due to the owner's purpose to conceal or destroy the identity of the vehicle or vehicle part.
 ordinary wear and tear.

(check one):

- I request that the Registrar of Motor Vehicles apply to the vehicle manufacturer for the issuance of a duplicate original VIN plate. I understand that this may require additional time in processing. If the Registrar determines that a duplicate original VIN plate is not reasonably available from the manufacturer, I request the production of an Ohio VIN plate in accordance with OAC 4501:1-11-02 (D).
 I am not applying for a duplicate VIN plate from the manufacturer, but request that the Ohio State Highway Patrol produce an Ohio VIN plate.

X _____
 APPLICANT'S SIGNATURE

SWORN TO AND SUBSCRIBED IN MY PRESENCE BY _____
 THIS _____ DAY OF _____ 19 _____.

MY COMMISSION EXPIRES _____ 19 _____.

The original Certificate of Title **MUST** accompany this application.