



OHIO BUREAU OF MOTOR VEHICLES
 Title Section, P.O. Box 16520, Columbus, Ohio 43216-6520
EXPORT APPLICATION FOR A MOTOR VEHICLE

PLEASE TYPE OR PRINT

Date
Certificate of Title No.

OWNER SECTION

OWNER(S) NAME (as appears on title)			
OWNER ADDRESS	CITY	STATE	ZIP CODE
OWNER(S) SIGNATURE		PHONE NO.	
X		()	

SECURED PARTIES

1	NAME			
ADDRESS	CITY	STATE	ZIP CODE	
SIGNATURE		PHONE NO.		
X		()		

2	NAME			
ADDRESS	CITY	STATE	ZIP CODE	
SIGNATURE		PHONE NO.		
X		()		

VEHICLE INFORMATION

VEHICLE COLOR	LICENSE NUMBER	CURRENT ODOMETER READING
PURPOSE OF EXPORT (check one)		
<input type="checkbox"/> Sale	<input type="checkbox"/> Lease	<input type="checkbox"/> Personal Use
Explain Other <input type="checkbox"/> Other		
DESTINATION OF VEHICLE		

RECEIPT TO BE DELIVERED TO:

NAME
ADDRESS
CITY
STATE
ZIP CODE
SECURED PARTIES TO BE NOTED ON RECEIPT
DECLARATION OF TEMPORARY EXPORT (Temporary) <input type="checkbox"/>
CERTIFIED RECEIPT OF TITLE CANCELLATION (Permanent) <input type="checkbox"/>
DATE OF EXPORT:
DATE OF RETURN:

TITLE **MUST** BE SURRENDERED WITH THIS APPLICATION