



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 565

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 (BOTH 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 void if: 1) it is incomplete or not properly completed; 2) it is not printed in ink; 3) there are erasures or alterations; 4) it is not submitted by a valid motor vehicle dealer; and/or 5) it is not properly signed by an individual authorized by the licensed motor vehicle dealer to conduct the vehicle inspection.

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, the undersigned, certify that I am authorized by the licensed Ohio dealer to conduct this physical inspection of the above vehicle and that said inspection occurred at the licensed Ohio dealership location, and attest that all the information contained on this form is true and accurate.

SIGNATURE OF PERSON PERFORMING INSPECTION X	DATE
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