



**OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
POWER OF ATTORNEY FOR OHIO VEHICLE REGISTRATION**

TO BE COMPLETED BY THE OWNER OR PURCHASER OF VEHICLE(S) LISTED BELOW

I, _____ of _____ hereby
 Print Full Name of Vehicle Owner Print Address of Vehicle Owner

appoint _____ of _____
 Print Full Name of Person Granted Authority Print Address of Person Granted Authority

to make application, in my stead, for registration or transfer of registration for the following vehicle(s):

| PLATE NUMBER | VEH. YEAR | MAKE | TYPE | COLOR | SERIAL NUMBER |
|--------------|-----------|------|------|-------|---------------|
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|-----------------------------|-------------------------------|---|-------------------------|
| VEHICLE OWNER DATE OF BIRTH | VEHICLE OWNER OH DL# / OH ID# | VEHICLE OWNER SSN (IF NO OH DL / OH ID) | VEHICLE OWNER EIN / TIN |
|-----------------------------|-------------------------------|---|-------------------------|

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|---|--|
| FOR BMV USE ONLY / CLERK VERIFICATION OF VEHICLE OWNER <input type="checkbox"/> OH DL / OH ID / MATCH <input type="checkbox"/> IF NO OH DL / OH ID, PROOF OF SSN REQUIRED | LIST DOCUMENT W / SSN VEHICLE OWNER PRESENTED |
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IN THE CASE OF A LEASE OR JOINT OWNERSHIP, YOU WILL BE REQUIRED TO PROVIDE THE LESSEE / ADDITIONAL OWNER'S OHIO DRIVER LICENSE NUMBER (DL), OHIO ID CARD NUMBER (ID), SOCIAL SECURITY NUMBER (SSN), TAX IDENTIFICATION NUMBER (EIN / TIN).

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| LESSEE / ADDITIONAL VEHICLE OWNER NAME | LESSEE / ADDITIONAL VEHICLE OWNER OH DL# / OH ID# (SSN IF NO OH DL / ID) |
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| LESSEE / ADDITIONAL VEHICLE OWNER ADDRESS | LESSEE / ADDITIONAL VEHICLE OWNER EIN / TIN |
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| FOR BMV USE ONLY / CLERK VERIFICATION OF LESSEE <input type="checkbox"/> OH DL / OH ID / MATCH <input type="checkbox"/> IF NO OH DL / OH ID, PROOF OF SSN REQUIRED | LIST DOCUMENT W / SSN LESSEE PRESENTED |
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| IDENTIFICATION OF PERSON GRANTED AUTHORITY (PGA) PGA U.S. / CANADIAN DL# / ID# | PGA SSN (IF NO U.S. / CANADIAN DL / ID IS AVAILABLE) |
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| FOR BMV USE ONLY / CLERK VERIFICATION OF PERSON GRANTED AUTHORITY <input type="checkbox"/> U.S. / CANADIAN DL / ID (PGA can present U.S. or Canadian DL / ID) <input type="checkbox"/> SSN VIA ACCEPTABLE DOCUMENT | CLERK'S INITIALS I certify I have reviewed documents to verify DL / ID or SSN. X |
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I acknowledge that I (we), the owner(s), or lessees of leased vehicle now have insurance or other financial responsibility coverage covering this vehicle and I (we) will not operate or permit the operation of this vehicle without FR coverage, and that the vehicle will not be used as a commercial vehicle unless so registered. I understand and acknowledge that making false statements on this document is illegal and may subject me to criminal penalties.

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| SIGNATURE OF OWNER(S) X | DATE |
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|---------------------|-------------------------------|
| COUNTY OF RESIDENCE | CITY OR TOWNSHIP OF RESIDENCE |
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FOR LIST OF ACCEPTABLE DOCUMENTS, GO TO WWW.BMV.OHIO.GOV ACCEPTABLE DOCUMENTS LIST: FORM BMV 2424 / BMV 2430

- YOU WILL LOSE YOUR DRIVER LICENSE IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE**
- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
 - It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
 - PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • Upon traffic court appearances and • Upon random checks by the Registrar of Motor Vehicles.
 - ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license until requirements are met on first offense, ONE YEAR on second offense and TWO YEARS on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$100.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
 - ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
 - IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all the penalties listed above, you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
 - THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
 - WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
 - WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$25,000 bodily injury per person, \$50,000 injury two or more persons, and \$25,000 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

↓ *DETACH BOTTOM PORTION FOR YOUR RECORDS* ... ↑ *THIS COMPLETED FORM MUST BE ATTACHED TO THE BMV APPLICATION* ...

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