

OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

STATEMENT OF MANUFACTURER / DISTRIBUTOR FRANCHISE

1. Please print legibly or type the following information:

| MANUFACTURER / DISTRIBUT | | E-MAI | | L ADDRESS / WEB SITE | | |
|--|--|----------------------------|--|----------------------|----------------------------------|-------------------------------------|
| ADDRESS | | CITY | | STATE | | ZIP CODE |
| | turer or distributor here | | | wing d | listributor / | dealer is duly |
| EXACT NAME OF DISTRIBUTO | R / DEALER | | | | | |
| ADDRESS | | | | | PERMIT NUME | BER |
| CITY | | STATE | ZIP CODE | | COUNTY | |
| not list models. B. List all vehicle motorcycles, tr | akes the dealership is from the make name must in the make name must in the dealership is the ucks, conversion vans, | match what franchised t | is listed on the sell (i.e., pastured ho | e MCC sseng |). er motor ve recreationa | hicles, I vehicles etc.) |
| A. MAKE | B. VEHICLE TYPE (i.e., passenger car, motorcycle, tr | railer) | A. MAKE | (| | CLE TYPE r, motorcycle, trailer) |
| | | | | | | |
| of the above name (DD) and 4517.50 ☐ YES ☐ NO If y | thorized dealer selling to dealer? (25 mile radio | us RV dealer | | | | |
| DEALER | | | | | | |
| ADDRESS | | CITY | | STATE | | ZIP CODE |
| appointment? | een notified, pursuant to | • | 17 of the R.C. | , of th | e new franc | hise |

NOTE: ALTERED FORMS WILL NOT BE ACCEPTED.

Completion of this form and signatures by both parties, affirm that a franchise exists between and approved by the Manufacturer / Distributor and Distributor / Dealer in accordance with R.C. Sections 4517.04, and 4517.50 - 4517.65. Pursuant to R.C. 4517.23, the appropriate party shall notify the BMV of any change in status of such

contract / agreement within 15 days after such change.

| X SIGNATURE | | DATE |
|------------------------------|--|---|
| . Notary: Sworn to before | e me and subscribed in my presence this | day of, |
| (SEAL) | X NOTARY PUBLIC | MY COMMISSION EXPIRES |
| Signature of | | |
| • | • | er, officer, member, or trustee listed in # |
| • | Distributor's / Dealership's owner, partne | DATE |
| X SIGNATURE . Notary: | • | DATE |
| X SIGNATURE . Notary: | | DATEday of, |

IMPORTANT INFORMATION

- This completed form along with other application requirements must be on file and approved by the Ohio Bureau of Motor Vehicles, Dealer Licensing Section, Columbus, Ohio, before transactional sales may be made.
- Forms may be mailed or faxed. To locate the appropriate fax number for your county, please visit www.OhioAutoDealers.com. From the home page click on contact us, click on HERE under "by Telephone or Fax" then click on the county in which the distributor/dealer, listed in #2, is located.
- R.C. 4517.23 requires the appropriate party to notify the Dealer Licensing Section of any change in status of such contract/agreement within 15 days after such change.

MAILING ADDRESS:

Ohio Bureau of Motor Vehicles, Attn: Dealer Licensing Section, PO Box 16521, Columbus, Ohio 43216-6521

www.OhioAutoDealers.com