

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 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 PLATE NUMBER VEH. YEAR MAKE TYPE COL											
	VEH. TEAR	MARE	111	~	COLOR		SERIAL NUMBER				
VEHICLE OWNER DATE OF VEHICLE OWNER OH DL# / OH ID# VEHICLE OW BIRTH DL / OH ID)						/NER SSN (IF NO OH VEHICLE OWNER EIN / TIN					
FOR BMV USE ONLY / CLERK VERIFICATION OF VEHICLE OWNER							DOCUMENT W /	SSN VEHIC		SENTED	
OH DL / OH ID / MATCH IF NO OH DL / OH ID, PROOF OF SSN REQUIRED										JEINIED	
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). LESSEE / ADDITIONAL VEHICLE OWNER NAME LESSEE / ADDITIONAL VEHICLE OWNER OH DL# / OH ID#											
LESSEE / ADDITIONAL VEHICLE OWNER NAME							(SSN IF NO OH DL / ID)				
LESSEE / ADDITIONAL VEHICLE OWNER ADDRESS							LESSEE / ADDITIONAL VEHICLE OWNER EIN / TIN				
FOR BMV USE ONLY / CLERK VERIFICATION OF LESSEE							LIST DOCUMENT W / SSN LESSEE PRESENTED				
OH DL / OH ID / MATCH I IF NO OH DL / OH ID, PROOF OF SSN REQUIRED											
IDENTIFICATION OF											
PGA U.S. / CANADIAN DL# / ID#							PGA SSN (IF NO U.S. / CANADIAN DL / ID IS AVAILABLE)				
FOR BMV USE ONLY / CLERK VERIFICATION OF PERSON GRANTED AUTHORITY							CLERK'S INITIALS				
U.S. / CANADIAN DL / ID (PGA can present U.S. or Canadian DL / ID)						I certify I have reviewed documents to verify DL / ID or SSN.					
SSN VIA ACCEPTABLE DOCUMENT						X					
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.											
	NER(S)								DATE		
X											
COUNTY OF RESIDE	NCE			CITY	OR	IOWNS	SHIP OF RESIDE	NCE			
FOR LIST OF ACCEPTABLE DOCUMENTS, GO TO WWW.BMV.OHIO.GOV ACCEPTABLE DOCUMENTS LIST: FORM BMV 2424											
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 <u>DRIVER OR OWNER</u> 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											
 ANY <u>DRIVER OR OWNER</u> 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 											
		e Bureau of Motor Vehicles (BM				ise, licens	se plates, or registration	AND • Be req	uired to maintain special	-R coverage	
 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, a	nd \$25,000 property damage •	AN INSURA	NCE IDENTIF	FICATIO	ON CARE	D (same coverage) • A S	URETY BOND	O OF \$30,000 issued by a	any	
		• A BMV BOND SECURED BY Treasurer of State • A BMV CE									
vehicles.			•					·			
		YOUR RECORDS		S_COMPLI	EJED	EQRIV	AMUST BE ATTA	CHED_TO	THE BMV APPLIC	ATJON	
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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.											
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