



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**OUT OF STATE MOTOR VEHICLE INSPECTION FOR OHIO RESIDENTS
AND MILITARY PERSONNEL TEMPORARILY LIVING OUT OF STATE**

COMPLETION OF THIS FORM IS REQUIRED BY OHIO REVISED CODE (R.C.) 4505.061

This form is used for the inspection of a motor vehicle that was previously titled/registered in another state, and the owner is an Ohio resident that is stationed or located out of state temporarily. Please see the following requirements:

1. This form must accompany the application for certificate of title and be filed with the clerk of courts.
2. When completing this form, please print legibly.
3. This inspection must be performed by the law enforcement agency where you are staying temporarily.
(Military Personnel: The inspection must be performed by your commanding military authority.)
4. You must be an Ohio resident with an Ohio driver license (DL) or Ohio identification (ID) card number.
(Military Personnel: If you do not have an Ohio DL or ID card, your social security number (SSN) may be listed on the form.)

| | | | |
|--|---|----------------------|-----|
| NAME OF OWNER (INDIVIDUAL, NOT BUSINESS) | OWNER'S OHIO DL / ID CARD NUMBER (OR SSN IF MILITARY) | | |
| STREET ADDRESS | CITY | STATE OHIO | ZIP |

NOTE: VIN must be read from windshield unless vehicle is excluded per 49 Code of Federal Regulation 535. ALL fields below are required. If any field is left blank the inspection will be voided.

| | | |
|---|-------|-----------|
| VEHICLE IDENTIFICATION NUMBER (VIN) | | |
| MAKE | MODEL | BODY TYPE |
| MILEAGE- NOT TO BE USED TO ESTABLISH MILEAGE ON TITLE | | |

| | | | |
|--|-------------------------------|-------|-----|
| NAME OF MILITARY AUTHORITY OR LAW ENFORCEMENT AGENCY | | | |
| TELEPHONE NUMBER | ORIGINATING AGENCY IDENTIFIER | | |
| STREET ADDRESS | CITY | STATE | ZIP |
| NAME OF INSPECTOR (PRINT FIRST NAME, LAST NAME) | RANK | | |

Any persons that submit a false statement is punishable under section 2921.13 (A)(11) of the R.C. and is guilty of a misdemeanor of the first degree.

I, an authorized signer of the above military authority or law enforcement agency, certify that I have physically inspected the above vehicle and determined that the vehicle identification number on the vehicle is identical to the vehicle identification number documented on this form.

| | |
|---------------------------------|------|
| INSPECTOR SIGNATURE X | DATE |
|---------------------------------|------|

This form shall be voided if not submitted with the application for title to the Clerk of Courts office within 30 days of inspection.

Fees: \$1.50 is payable to the Clerk of Courts at the time of application for title.