



# OHIO BUREAU OF MOTOR VEHICLES

## APPLICATION FOR OHIO SALESPERSON'S LICENSE

- |   |               |
|---|---------------|
| <input type="checkbox"/> FIRST WITH FINGERPRINT CARD          | - FEE \$20.00 |
| <input type="checkbox"/> FIRST WITH ELECTRONIC FINGERPRINTING | - FEE \$ 5.00 |
| <input type="checkbox"/> TRANSFER/REINSTATEMENT               | - FEE \$ 2.00 |
| <input type="checkbox"/> RENEWAL AND TRANSFER                 | - FEE \$ 5.00 |
| <input type="checkbox"/> DUPLICATE                            | - FEE \$ 1.00 |

**PLEASE TYPE OR PRINT LEGIBLY-ALL BLANKS MUST BE COMPLETED-Make check payable to: "Treasurer, State of Ohio."**

DATE		SOCIAL SECURITY NUMBER			
NAME LAST		FIRST			MI
ADDRESS					
CITY		STATE	ZIP CODE	PHONE NUMBER ( )	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	AGE	DATE OF BIRTH

Are you presently a licensed salesperson? ☐ YES ☐ NO If yes, indicate: \_\_\_\_\_

Salesperson License Number

### DEALER COMPLETE ALL BLANKS

PERMIT NUMBER	TELEPHONE NUMBER	COUNTY
DEALERSHIP NAME		
ADDRESS		
CITY	STATE	ZIP CODE

**Using a black pen, shade in a box in each column, under Dealership County, to indicate the county number in which your dealership is located. See Chart below for the appropriate county number.**

01	ADAMS	16	COSHOCTON	31	HAMILTON	46	LOGAN	61	NOBLE	76	STARK
02	ALLEN	17	CRAWFORD	32	HANCOCK	47	LORAIN	62	OTTAWA	77	SUMMIT
03	ASHLAND	18	CUYAHOGA	33	HARDIN	48	LUCAS	63	PAULDING	78	TRUMBULL
04	ASHTABULA	19	DARKE	34	HARRISON	49	MADISON	64	PERRY	79	TUSCARAWAS
05	ATHENS	20	DEFIANCE	35	HENRY	50	MAHOING	65	PICKAWAY	80	UNION
06	AUGLAIZE	21	DELAWARE	36	HIGHLAND	51	MARION	66	PIKE	81	VAN WERT
07	BELMONT	22	ERIE	37	HOCKING	52	MEDINA	67	PORTAGE	82	VINTON
08	BROWN	23	FAIRFIELD	38	HOLMES	53	MEIGS	68	PREBLE	83	WARREN
09	BUTLER	24	FAYETTE	39	HURON	54	MERCER	69	PUTNAM	84	WASHINGTON
10	CARROLL	25	FRANKLIN	40	JACKSON	55	MIAMI	70	RICHLAND	85	WAYNE
11	CHAMPAIGN	26	FULTON	41	JEFFERSON	56	MONROE	71	ROSS	86	WILLIAMS
12	CLARK	27	GALLIA	42	KNOX	57	MONTGOMERY	72	SANDUSKY	87	WOOD
13	CLERMONT	28	GEAUGA	43	LAKE	58	MORGAN	73	SCIOTO	88	WYANDOT
14	CLINTON	29	GREENE	44	LAWRENCE	59	MORROW	74	SENECA		
15	COLUMBIANA	30	GUERNSEY	45	LICKING	60	MUSKINGUM	75	SHELBY		

Butler Co.  
= 09

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

DEALERSHIP  
COUNTY

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

All **FOUR** questions must be answered. If any are answered "Yes" give details on a separate sheet and submit with the application.

1. In connection with selling or otherwise dealing in motor vehicles, have you ever been convicted of or pleaded guilty or no contest to a felony or misdemeanor or had a judgment rendered against you in any civil or criminal action?  
☐ YES ☐ NO
2. Have you ever had an application for a salesperson's license refused or a salesperson's license revoked or suspended?  
☐ YES ☐ NO
3. Have you ever been employed by a dealer whose license to deal in motor vehicles was revoked or suspended?  
☐ YES ☐ NO
4. Have you, individually, or as owner, partner, officer or director of a business entity, ever been convicted of, pleaded guilty, or had a judgment rendered against you in a civil action for violation of Sections 4549.41 to 4549.46 of the Ohio Revised Code (The Odometer Rollback and Disclosure Act), or any substantively comparable provisions of the law of any other state, or of Subchapter IV of the "Motor Vehicle Information and Cost Savings Act" 86 Stat. 961 (1972), 15 U.S.C. 1981?  
☐ YES ☐ NO

**IN THE AREA BELOW, TYPE OR PRINT LEGIBLY YOUR WORK EXPERIENCE BEGINNING WITH YOUR MOST RECENT EMPLOYER FOR THE PAST 2 YEARS.**

EMPLOYER	ADDRESS	DATE HIRED	DATE TERMINATED	REASON FOR TERMINATION

It is hereby certified that the applicant named on the reverse side will be employed as a salesperson by the undersigned upon receipt of his/her salesperson's license issued by the Ohio Bureau of Motor Vehicles.

X  
Signature of Owner, Partner, Officer, Member, or Trustee

\_\_\_\_\_  
Print name of signer

I affirm that I shall engage in the business of selling motor vehicles for the above designated employer only, during the tenure of the license for which this application is made and that the information contained in this application and any attached sheets are true and correct.

X  
Signature of Applicant

\_\_\_\_\_  
Print name of signer

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ Day \_\_\_\_\_, \_\_\_\_\_

SEAL

MY COMMISSION EXPIRES \_\_\_\_\_

X  
NOTARY PUBLIC

**\* Exception:** If you elect to use the new electronic method of fingerprinting, do NOT submit the \$15.00 fee with this application. Refer to form BMV 4452 "Instructions for completing Civilian Identification Card" for information on electronic fingerprinting and BMV 4343 "Salesperson's License Information" regarding fees.

**Return to:** Ohio Bureau of Motor Vehicles, Attn: Dealer Licensing Section, P.O. Box 16521, Columbus, Ohio 43216-6521