

SANDRA KURT  
CLERK OF COURTS  
SUMMIT COUNTY

SS# \_\_\_\_\_

Type or Print In Ink

APPLICATION(S) FOR CERTIFICATE OF TITLE TO A MOTOR VEHICLE

CHECK TYPE OF APPLICATION(S) Fee of \$5.00 for failure to apply for title within thirty days of assignment.

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

hereby declares under penalty of perjury that he/she is the lawful (owner/purchaser/lienholder) of the following described motor vehicle and hereby makes application(s) for the following:

YEAR \_\_\_\_\_ VIN \_\_\_\_\_ MODEL \_\_\_\_\_  
MAKE \_\_\_\_\_ BODY TYPE \_\_\_\_\_ CONVERSION \_\_\_\_\_

<input type="checkbox"/> ORIGINAL CERTIFICATE OF TITLE	<input type="checkbox"/> MEMORANDUM CERTIFICATE OF TITLE
<input type="checkbox"/> SALVAGE CERTIFICATE OF TITLE	Evidence of Ownership _____ MCO, Previous Title No., Registration, etc. _____
Applicant acquired said motor vehicle by (state how acquired) _____ from:	
Dealer's Permit Number: _____ Mileage: _____ Vendor's Number: _____	
Name of Previous Owner _____	
Address of Previous Owner _____	
The following is a full statement of all liens on said motor vehicle. If no lien, state "none". If more than one lien, attach statement of all additional liens.	
Lienholder _____ E-Code# _____	
Address _____	
<input type="checkbox"/> DUPLICATE CERTIFICATE OF TITLE	Application states that Certificate of Title
Number _____ has been _____; that said motor	
vehicle has not been sold or disposed of except as stated below _____ lost, stolen, destroyed	
The vehicle is in the possession of _____	
residing at _____ and that if said Certificate	
of Title be hereby recovered by this applicant he will deliver same to Clerk of Courts for cancellation.	
Purchase Price \$ _____	Trade in Amount \$ _____ Tax Base _____
Condition of vehicle (check only one): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Wrecked	Sales Cr. Amt _____
Purchase Date _____ Form # _____ Insp. # _____	Gross Tax _____
Tax exemption: <input type="checkbox"/> Yes Reason _____	Net Tax _____

WARNING! You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the Ohio Revised Code and is punishable by six months imprisonment and a fine of up to one thousand dollars or both. All transfers are audited by the Department of Taxation. The seller and buyer must provide any information requested by the Department of Taxation. The buyer may be assessed any additional tax found to be due.

Applicant's Signature \_\_\_\_\_

Sworn to and subscribed in my presence by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_

app. 3-2-14-92-1 (seal) Clerk, deputy Clerk of Courts - Notary \_\_\_\_\_

