

OHIO BOARD OF MOTOR VEHICLE REPAIR

77 South High Street, 16th Floor., Columbus, Ohio 43215

Phone (614) 995-0714 Fax (614) 995-0717

www.CollisionBoard.Ohio.Gov

Primary Business-Check One

- | | |
|---|---|
| <input type="checkbox"/> Body Repair Shop | <input type="checkbox"/> Mechanical Shop |
| <input type="checkbox"/> Auto Glass Shop | <input type="checkbox"/> Airbag Replacement |
| <input type="checkbox"/> Mobile Unit or PDR | <input type="checkbox"/> Dealership |
| <input type="checkbox"/> Window Tint Installation | |



Instructions on the back

APPLICATION FOR NEW REGISTRATION

Pursuant to Ohio Revised Code 4775.01 - .99

PLEASE TYPE OR PRINT NEATLY

Reg. No: For Board Use	No. of Mobile Units	Number of Employees:
Business Name		Insurance Form Attached Dates of Coverage:
Street Address		County
City	Zip Code + 4	BMV Dealer No. If Applicable
Email Address		Website Address
Business Telephone: Business Fax:		Hours of Operation:
Pictures on file with MVRB:		State Withholding Tax ID No. (9 digits)
Federal Tax I.D. No. (9 digits)		Unemployment I.D. No. (10 digits)
Workers Comp. I.D. No.(6 or 7 digits)		EPA Air Pollution Source Permit No.
EPA Hazardous Waste Generator No. (12 digits)		Zoning Designation
Business Type (Sole Prop, Partner, Corp, LLC)		Vendor License No.

List All Owner(s), Partner(s) and/or Shareholders (Use separate sheet if Necessary)

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Name	Name
Address	Address
City, State, Zip	City, State, Zip

I hereby swear and affirm the foregoing information is true and further attest that this motor vehicle repair business conforms with all current federal, state and local laws.
Witness my hand this day

I hereby attest this document was signed in my presence on the _____ day of _____, 20____

Name Date

Notary Public _____

My commission expires _____