

OHIO BUREAU OF MOTOR VEHICLES REQUEST FOR PROFESSIONAL FIRE FIGHTER LICENSE PLATES

PRINT or TYPE name as it appears on the Ohio Certificate of Title. If vehicle is leased, include lessor's name and address.

NAME		HOME PHONE ()	
STREET ADDRESS		BUSINESS PHONE ()	
CITY	STATE OH	ZIP CODE	
DATE OF BIRTH	SOCIAL SECURITY NUMBER		
VEH SERIAL NUMBER	CURRENT LIC PLATE NUMBER		
IS THIS A LEASED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE LESEE INFORMATION			
LESSOR'S NAME	SOCIAL SECURITY NO. OR TAX ID NO.	COUNTY	
STREET ADDRESS	CITY	STATE OH	ZIP CODE

NEW ISSUE RENEWAL



The above referenced individual is a member in good standing of the International Association of Fire Fighters and may purchase Professional Fire Fighter License Plates for the vehicle described on this form provided the vehicle is titled or leased in his/her name.

Issued by: _____ Title: _____
Signature required to be valid

IAFF Local Name and # _____ Date: _____

Certificate of Membership is valid one (1) year from date of issue.

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