

# 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<br>(    )     |          |
| STREET ADDRESS   |                                   | BUSINESS PHONE<br>(    ) |          |
| CITY   | STATE<br><b>OH</b>                | ZIP CODE                 |          |
| DATE OF BIRTH  | SOCIAL SECURITY NUMBER            |                          |          |
| VEH SERIAL NUMBER  | CURRENT LIC PLATE NUMBER          |                          |          |
| IS THIS A LEASED VEHICLE<br><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<br><b>OH</b>       | 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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