

## OWNER TRANSFER INFORMATION SHEET

### REQUIREMENTS

- Owner Transfer Application (Attached)
- Vehicle Information
  - ✓ Mechanical Inspection (If applicable)
  - ✓ Proof of Liability Insurance
    - Three hundred thousand dollars (\$300,000.00) for Taxicabs
  - ✓ Meter Inspection (If applicable)
  - ✓ Title/Memorandum Title
  - ✓ Proof of Ohio Vehicle Registration (If applicable)
- Letter of Good Standing from the City Tax Division (If applicable)
- BCI Background Check  
Conducted at an authorized WebCheck agency. Results must be directly mailed to the License Section.

**Both the transferor and the transferee must be present for the transaction to be approved.**

### PRICING

- Application fee - \$20.00
- Owner Transfer fee - \$250.00

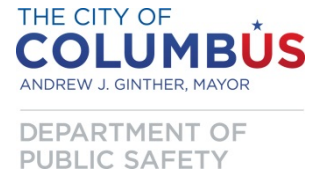
### OFFICE HOURS

Monday 9:00 a.m. - 3:30 p.m.  
Tuesday - Friday 8:00 a.m. - 3:30 p.m.

**OFFICE USE ONLY**

Cab # \_\_\_\_\_  
License # \_\_\_\_\_  
Decal # \_\_\_\_\_ Color \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION



**TAXI  
OWNER TO OWNER  
TRANSFER  
APPLICATION**

**NEW OWNER INFORMATION**

Full Name:

Taxi Company Name:

Taxicab #:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

**All applicants will be required to provide Proof of Identity.**

**ALL INFORMATION CONTAINED IN THE APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THE APPLICATION SHALL RESULT IN THE DENIAL OF THE APPLICATION OR FUTURE REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.**

**State of Ohio, County of Franklin**

\_\_\_\_\_, being duly sworn, deposes and he or she is the individual  
(Print New Owner's Name)

making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

\_\_\_\_\_  
(New Owner's Signature)

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Agent of Director of Public Safety

**ORIGINAL OWNER INFORMATION**

Full Name:

Phone:

Date of Birth:

Driver License #:

State:

**CURRENT VEHICLE INFORMATION**

Year:

Make:

Model:

VIN:

Will the applicant continue to operate this vehicle?      Yes      No

**By signing below you agree to transfer said license to the person and/or organization that's listed above.**

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**State of Ohio, County of Franklin**

\_\_\_\_\_, being duly sworn, deposes and he or she is the individual  
(Print Original Owner's Name)

making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

\_\_\_\_\_  
(Original Owner's Signature)

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Agent of Director of Public Safety**