

OWNER TRANSFER INFORMATION SHEET

REQUIREMENTS

- Owner Transfer Application (Attached)
- Proof of Identity (i.e. State issued Driver's License/I.D. Card, Military I.D., Passport)
- Vehicle Information
 - Title/Memorandum Title
 - Certificate of Liability Insurance
 - Three hundred thousand dollars (\$300,000.00) for Taxicabs
 - BMV Vehicle Registration
 - Proof of Business Name Registration (if applicable)
- BCI Background Check (if applicable)
(If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section)

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

PRICING

- Application fee - \$20.00
- BCI Background Check fee - \$32.00
- Owner Transfer fee - \$250.00

OFFICE LOCATION & HOURS

4252 Groves Rd
Columbus, OH 43232

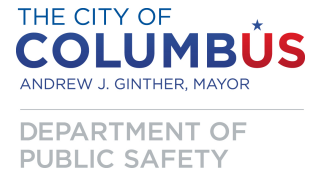
Monday - Friday
8:00 a.m. to 3:30 p.m.

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OFFICE USE ONLY

License # _____
Cab # _____
Decal # _____ - _____
Issue Date _____
Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION



**OWNER TRANSFER
APPLICATION**

TRANSFeree INFORMATION

Full Name:

Taxi Company Name:

Taxicab #:

Residential Address:

Other Taxicabs owned:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Sex:

Height:

Weight:

Hair:

Eyes:

All applicants are required to provide Proof of Identity.

All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).

State of Ohio, County of Franklin

I, _____, being duly sworn, affirm and swear that I am the
(Print Transferee's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an owner of that which is to be licensed by this application.

(Transferee's Signature)

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

Notary or Agent of Director of Public Safety

TRANSFEROR INFORMATION

Full Name:

Phone:

Date of Birth:

Driver License #:

State:

CURRENT VEHICLE INFORMATION

Year:

Make:

Model:

VIN:

Will the transferee continue to operate this vehicle? Yes No

By signing below I agree to transfer said license to the person and/or organization that's listed in transferee section.

All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 540, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).

State of Ohio, County of Franklin

I, _____, being duly sworn, affirm and swear that I am the
(Print Transferor's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an owner of that which is to be transferred by this application.

(Transferor's Signature)

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

Notary or Agent of Director of Public Safety