

ERASURES & ALTERATIONS VOID THIS STATEMENT

STATE OF OHIO
APPLICANT'S AFFIDAVIT
ODOMETER READING DISCLOSURE STATEMENT

(TYPE OR PRINT IN INK)

*This form available electronically at our website
www.franklincountyclerk.com*

NOTICE TO APPLICANT FOR CERTIFICATE OF TITLE: YOU ARE REQUIRED BY LAW TO ENTER ALL INFORMATION REQUIRED HEREIN, INCLUDING THE ODOMETER READING OF THIS MOTOR VEHICLE IN THE AFFIDAVIT IMMEDIATELY FOLLOWING. THE MAKING OF A FALSE STATEMENT UNDER OATH OR AFFIRMATION IS IN VIOLATION OF SECTION 2921.13 OF THE REVISED CODE AND IS PUNISHABLE BY SIX MONTHS IMPRISONMENT AND A FINE OF UP TO ONE THOUSAND DOLLARS, OR BOTH.

STATE OF OHIO, _____ COUNTY SS: DATE _____ 20 ____
YEAR _____ MFR'S SERIAL NO. _____
MAKE _____ MODEL _____
BODY TYPE _____ MOTOR NO. _____
PURCHASER'S NAME _____

CHECK ONE OF THE FOLLOWING STATEMENTS. I (WE) CERTIFY THAT:

- I (we) have made every effort possible and cannot locate the previous owner of the above described motor vehicle to obtain the odometer statement required by Section 4505.06 of the Revised Code.
- I (we) obtained ownership of the above described motor vehicle by operation of law pursuant to Sections 4505.10; 4505.101; 4513.60; 4513.61; or 4513.62 of the Revised Code, and at the time of transfer of ownership was not able to obtain a statement of the odometer reading from the previous owner.
- The above described motor vehicle (CHECK ONE) is newly self assembled, is presently evidenced by a salvage certificate of title, or was previously registered/titled in another state, province, or country and (CHECK ONE OF THE FOLLOWING):
 - To the best of my (our) knowledge, the odometer reading reflects the actual mileage;
 - The odometer reading reflects mileage in excess of the designed mechanical limit of 99,999 miles.
 - To the best of my (our) knowledge, the odometer reading is not the actual mileage and should not be relied upon.

I (we) certify that the mileage registered on the odometer of this motor vehicle at the time of application for title is _____ miles.
(Must Be Completed)

APPLICANT'S SIGNATURE

Sworn to and subscribed in my presence by _____
this _____ day of _____ 20 ____ .

My Commission expires _____ 20 ____ .

SEAL

(CLERK, DEPUTY CLERK OF COURTS — NOTARY)

APPLICANT'S AFFIDAVIT

COC-ATMV-04 (Rev. 11-2003)