

ERASURES & ALTERATIONS VOID THIS STATEMENT
STATE OF OHIO
APPLICANT'S AFFIDAVIT
ODOMETER READING DISCLOSURE STATEMENT

(TYPE OR PRINT IN INK)

NOTICE TO APPLICANT FOR CERTIFICATE OF TITLE: YOU ARE REQUIRED BY LAW TO ENTER ALL INFORMATION REQUIRED HEREIN, INCLUDING THE ODOMETER READING OF THE 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 _____
YEAR _____ MFR'S SERIAL NO. _____
MAKE _____ MODEL _____
BODY TYPE _____
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 4505.08 of the Revised Code.
- I (we) obtained ownership of the above described motor vehicle by operation of law pursuant to Section 4505.10; 4505.101; 4513.80; 4513.81 or 4513.82 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)

X _____
(APPLICANT'S SIGNATURE)

Sworn to before me and subscribed

In my presence the _____ day of _____ 20____
(Seal)

Clerk – Deputy Clerk – Notary Public

My commission expires _____ 20_____.

APPLICANT'S AFFIDAVIT