



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**REQUEST FOR CANCELLATION  
OF SCHOOL BUS IDENTIFICATION NUMBER**

NAME OF OWNER		
TELEPHONE #	TAX ID #	COUNTY

**LIST BUS TO BE REMOVED FROM SERVICE**

BUS I.D. #	VEHICLE YEAR	MAKE
SERIAL # / VIN		

REASON FOR REMOVAL
--------------------

SIGNATURE OF OWNER REQUESTING CANCELLATION	DATE
X	

**SEND TO:**

Ohio Bureau of Motor Vehicles  
Vehicle Information Services / Registration Support Services  
P.O. Box 16521  
Columbus, Ohio 43216-6521

**You may fax this form to (614) 995-4739.**

**If you have any questions please call (614) 752-7518.**