



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

## AFFIDAVIT FOR PARTICIPATION IN ORGANIZATIONAL / COLLEGIATE SPECIALTY LICENSE PLATE PROGRAM

### INSTRUCTIONS

This document provides information to assist your organization / college / university in submitting an application for participation in the specialty license plate program.

**Organizations:** You must contact a legislator who will agree to draft a bill for your organization's plates. The legislator will then submit the bill to the General Assembly for approval.

**Colleges / Universities:** You may participate in the specialty license plate program without additional legislation. Ohio colleges or universities who possess a certificate of authorization issued by the Ohio Department of Higher Education pursuant to Ohio Revised Code (R.C.) 1713 are already approved for participation in the program through R.C. 4503.51.

You **MUST** submit the following documents to our office:

- A completed application form (see page 2).
- A statement from the authorized agent of the organization granting the BMV permission to print the organization's logo on Ohio license plates.
- An electronic file of your organization's logo and name.
- File needs to be saved as **Vector art**.
- Include **PMS** colors, **Fonts** (if text is not paths), include both **Text (To be displayed between the bolt holes)** and **Logo as Vector art**, and include **Color Sample**.
- The **Logo** size can be no more than **2.5"** wide and **3.25"** high.
- The **Text (to be displayed between the bolt holes)** size can be no more than **5.5"** wide and **.75"** high.
- Petition with 150 original signatures from people who intend to purchase this plate. Petition form BMV 4820 may be used to obtain these signatures. You may also create your own petition form (it must contain the required information).

Organizations / Colleges / Universities must notify the Bureau of Motor Vehicles (BMV) to verify their contact information by December 31<sup>st</sup> each year. Failure to verify contact information by this date will grant the BMV permission to redistribute your organizational funds to the "General Revenue Fund".

The completed documents must be sent to the Bureau of Motor Vehicles, Vehicle Information Services, P.O. Box 16521, Columbus, Ohio 43216-6521. For more information you may contact us at (614) 752-2055. Upon receipt of these items, a sample license plate will be manufactured and sent for your review and approval.

Good luck in your endeavors!



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**AFFIDAVIT FOR PARTICIPATION IN ORGANIZATIONAL / COLLEGIATE  
SPECIALTY LICENSE PLATE PROGRAM**

NAME OF ORGANIZATION / COLLEGE / UNIVERSITY		FEDERAL TAX ID NUMBER
ADDRESS OF ORGANIZATION / COLLEGE / UNIVERSITY		NAME OF PLATE
CITY	STATE	ZIP CODE
AUTHORIZED AGENT		TITLE
MAILING ADDRESS OF ORGANIZATION / COLLEGE / UNIVERSITY (IF DIFFERENT)		
CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

The above named Organization / College / University states that:

- The Organization / College / University holds a copyright or trademark for the use of the artwork and caption submitted for the requested license plate and hereby grants the Ohio Bureau of Motor Vehicles (BMV) permission to use the artwork and caption for the production and distribution of the Organization's / College's / University's specialty license plates at no cost to the BMV.
- The Organization / College / University states that no person holds a copyright or trademark for the use of the artwork and caption submitted for the requested license plate and hereby grants the Ohio Bureau of Motor Vehicles (BMV) permission to use the artwork and caption for the production and distribution of the Organization's / College's / University's specialty license plates at no cost to the BMV.

The Organization / College / University will hold the BMV harmless and will indemnify the BMV against any and all copyright or trademark claims for the use of the artwork and caption in question.

AUTHORIZED AGENT'S PRINTED NAME	AUTHORIZED AGENT'S SIGNATURE <b>X</b>
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**Notary:**

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ County,

State of \_\_\_\_\_.

(Notary Seal)

Signature of Notary Public **X** \_\_\_\_\_ My commission expires \_\_\_\_\_