OHIO BOARD OF MOTOR VEHICLE COLLISION REPAIR REGISTRATION

37 West Broad Street, Suite 880, Columbus, Ohio 43215-4159

Phone (614) 995-0714 Fax (614) 995-0717

www.CollisionBoard.Ohio.Gov

Check One

□ Collision Repair Shop □ Mechanical Shop

□ Auto Glass Repair □Airbag Replacement

□ Mobile Auto Repair PDR □ Dealership

Instructions on the back

APPLICATION FOR NEW REGISTRATION

Pursuant to Ohio Revised Code 4775.01 - .99

PLEASE TYPE OR PRINT NEATLY

Registration Number:	No. of Mobile Units	Number of Employees:
Business Name		Insurance Form Attached Dates of Coverage:
Street Address		County
City	Zip Code + 4	

Email Address	Website Address
Business Telephone: Business Fax:	Hours of Operation:
Pictures on file with CRB:	State Withholding Tax ID No. (9 digits)
Federal Tax I.D. No. (9 digits)	Unemployment I.D. No. (10 digits)
Workers Comp. I.D. No.(6 or 7 digits)	EPA Air Pollution Permit Status: **Check One** □ Have air permit - 10 digit No. is:
EPA Hazardous Waste Generator No. (12 digits)	□ Registered for Permit-by-Rule - The No. is: □ De minimis □ N/A - No Painting
Business Type (Sole Prop, Partner, Corp, LLC)	Vendor License No.

List All Owner(s), Partner(s) and/or Shareholders (Use separate sheet if Necessary)

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Name	Name
Address	Address
City, State, Zip	City, State, Zip

I hereby swear and affirm the foregoing information is true and further attest that this motor vehicle repair business conforms with all current federal, state and local laws. Witness my hand this day

Name Date

I hereby attest this document was signed in my presence on the

_____ day of _____, 20

Notary Public _____

My commission expires _____

This application can be downloaded and printed from our website at www.CollisionBoard.Ohio.Gov

Revised 3/2009