

Intra-Departmental Transfer Motor Vehicle or Trailer



This form must be completed by the new owner and returned to Transportation & Parking Services with a copy of the completed **OSU Equipment Ownership Transfer Form**.

	LICENSE NUMBER (Required)	NEW ORGANIZATION NUMBER (Required)	NEW FUND NUMBER (Required)	NEW ACCOUNT NUMBER (Required)	NEW PROJECT NUMBER	NEW PROGRAM NUMBER	NEW USER DEFINED
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③	[][] - [][]	[][][][]	[][][][]	[][][][]	[][][][][][][][][][][][][][][][]	[][][]	[][][][]

CONTACT PERSON INFORMATION

First Name *Last Name*

Room *Building* *Street Address*

City *State* *Zip Code*

Phone # *E-Mail Address*

FISCAL OFFICER INFORMATION

First Name *Last Name*

Room *Building* *Street Address*

City *State* *Zip Code*

Phone # *E-Mail Address*

Send completed forms to:

Transportation & Parking Services
 Fleet Services
 1000 Service Center Annex
 2578 Kenny Road
 Columbus, OH 43210
 Phone: (614)292-9112
 Fax: (614)688-4064

I request the ownership of the above vehicle / trailer to be transferred into my organization accounts.

Relevant Dean or Vice President Signature

Date