



# Request for Cancellation of School Bus Identification Number

Name of Owner \_\_\_\_\_

Date \_\_\_\_\_ ODE Area Coordinator No. \_\_\_\_\_

Public School's IRN/Private Pupil Transportation License No. \_\_\_\_\_ County \_\_\_\_\_

### List Below Buses to be Removed from Service

Bus I.D. # \_\_\_\_\_ Chassis Yr. \_\_\_\_\_ Make \_\_\_\_\_ Local Bus No. \_\_\_\_\_

Serial No. \_\_\_\_\_ Date to be effective \_\_\_\_\_

Reason for removal \_\_\_\_\_

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Bus I.D. # \_\_\_\_\_ Chassis Yr. \_\_\_\_\_ Make \_\_\_\_\_ Local Bus No. \_\_\_\_\_

Serial No. \_\_\_\_\_ Date to be effective \_\_\_\_\_

Reason for removal \_\_\_\_\_

\*\*\*\*\*

Bus I.D. # \_\_\_\_\_ Chassis Yr. \_\_\_\_\_ Make \_\_\_\_\_ Local Bus No. \_\_\_\_\_

Serial No. \_\_\_\_\_ Date to be effective \_\_\_\_\_

Reason for removal \_\_\_\_\_

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**SEND TO: OHIO STATE HIGHWAY PATROL  
OFFICE OF LICENSING & COMMERCIAL  
STANDARDS  
1970 WEST BROAD STREET, 4<sup>th</sup> Floor  
P.O. BOX 182074  
COLUMBUS, OH 43218-2074**

**For Patrol Use Only**

Date forwarded to BMV: \_\_\_\_\_ Unit

Date ID Number(s) archived/cancelled in  
OSP files: \_\_\_\_\_ Unit

Date forwarded to ODE Area Coordinator:  
\_\_\_\_\_ Unit

Date ID No. verified as being cancelled from  
BMV files and the School Bus Program:  
\_\_\_\_\_ Unit

X \_\_\_\_\_  
Signature of owner requesting cancellation

( \_\_\_\_\_ )  
Area Code Telephone Number