

Instruction Sheet  
for  
Motor Vehicle Repair Person  
Registration

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[dallicenses@clevelandohio.gov](mailto:dallicenses@clevelandohio.gov)

***Before completing and submitting your application to our office, please read all materials and information included. If you have any questions, please call our office at (216) 664-2264 BEFORE YOU APPLY.***

A Motor Vehicle Repair Person Registration is required to perform repairs, service, maintenance, alterations, diagnostic testing, or body work to vehicles for compensation by a business or individual regularly engaged in the repair of motor vehicles.

This ordinance does not apply to the following:

1. Persons who perform repairs only on his/her own motor vehicle(s).
2. Persons who are employed at a business that performs motor vehicle servicing solely to the extent of fueling, checking fluid levels, replacing filters, and other minor servicing functions.
3. Persons who are employed at a garage or shop engaged exclusively in repairing the motor vehicles of its own fleet.

This is an annual license that expires on June 30<sup>th</sup>.

As the licensee, you are expected to be completely familiar with the requirements of City of Cleveland Codified Ordinance Chapter §657, Motor Vehicle Repairs.

**City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.**

**You may apply for this license in person, online or by mail.**

**In Person:**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Complete the application in its entirety and sign (print legibly using blue or black ink).
3. Visit our office located at the address in the top right-hand corner between the hours provided above.
4. Bring the fee of \$20.00. Acceptable forms of payment are money orders, checks, debit/credit cards and cash.

**Online:**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Go to <https://ca.permitcleveland.org/public/Default.aspx>, and follow the *Online Application Instructions* included in this packet.
3. Be prepared to submit the license fee of \$20.00 plus all applicable convenience fees. Acceptable forms of payment are electronic check and debit/credit cards

**By Mail: (Only if licensed within the past twelve (12) months)**

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Make copies of all documentation.
3. Complete the enclosed application in its entirety and sign (print legibly using blue or black ink).
4. Mail the completed application, supporting documentation and fee of \$20.00 to the Division of Assessments and Licenses at the address listed above in the top right-hand corner. Acceptable forms of payment for mailed applications are Money Orders and Checks (DO NOT SEND CASH OR CREDIT CARD INFORMATION IN THE MAIL).

**What to bring or submit to the Division of Assessments and Licenses**

1. Completed and signed application.
2. A **copy** of your valid driver's license or state identification card.
3. **Fee of \$20.00.** Fees are due at the time of application by cash, check, or credit card. This fee is non-refundable. Make checks payable to the City of Cleveland.



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Motor Vehicle Repair Person Registration Application

**City of Cleveland**  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: (216) 664-2264

Hours of Operation:  
8:00 a.m. to 4:30 p.m. Weekdays

[dallicenses@clevelandohio.gov](mailto:dallicenses@clevelandohio.gov)

<b>Date:</b>	<b>Fee: \$20.00 – Non-Refundable</b>
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<input type="checkbox"/>	New	<input type="checkbox"/>	Renewal: Previous License #:
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**SECTION A - APPLICANT INFORMATION**

Legal Name:			
Maiden Name (females):			
Gender (Male/Female):		Race/Ethnicity:	
Home Address:			
City:		State:	Zip:
Telephone #:		Email:	
Social Security Number (Required):			
Eye Color:		Hair Color:	
Weight:		Height:	
Date of Birth:		Place of Birth:	

**SECTION B - EMPLOYMENT INFORMATION / HISTORY**

Current Place of Employment:			
Address:			
City:		State:	Zip:
Phone:		Email:	
Business Owner Name:			
Length of Time Employed (yrs./mos.):			
Principal Occupation for the last 5 years:			

**Names and Address of Your Employers for the Past 5 Years**

Name:	Length of Time Employed:		yrs./mos. (Circle One)
Address:			
Name:	Length of Time Employed:		yrs./mos. (Circle One)
Address:			
Name:	Length of Time Employed:		yrs./mos. (Circle One)
Address:			
Name:	Length of Time Employed:		yrs./mos. (Circle One)
Address:			
Name:	Length of Time Employed:		yrs./mos. (Circle One)
Address:			

Attach additional sheets if necessary.

**SECTION C - ACKNOWLEDGEMENT**

**I declare under penalty of perjury that the above information is true and correct. I understand that if this information is found to be fraudulent, the registration issued in association with this statement will be revoked. Applicant hereby acknowledges that he/she has read and understands Codified Ordinance §657, Motor Vehicle Repairs and understands the obligations of operating as a repair person within the City of Cleveland.**

**APPLICANT SIGNATURE**