
(Name)

CASE NO. _____

(Address)

VS.

APPLICATION FOR DRIVING
PRIVILEGES

REGISTRAR OF THE BUREAU
OF MOTOR VEHICLES

Please check all that apply:

_____ I need to make payment arrangements on my reinstatement fee with the Bureau of Motor Vehicles.
(ORC 4510.10)

_____ I request occupational driving privileges during a State Non-Compliance Suspension.

_____ I request driving privileges for employment purposes.

Employer: _____

Address of employer: _____

Days of employment: _____

Hours of employment: _____

Vehicle: _____

_____ I need driving privileges to and from school while I'm attending:

School: _____

Address: _____

_____ I need driving privileges to get to and from medical appointments with the following physicians or
medical _____

_____ I am a single parent.

_____ I regularly attend AA meetings or other substance abuse counseling.

With this application, I have paid the non-refundable filing fee of \$70.00 with the Clerk of Courts.

Date

Signature

Social Security Number

Date of Birth

You are to appear at Western Division Court on Thursday, the ____ day of _____, 2006 at 11:00
a.m.

Clerk/Deputy Clerk