

- 3.) PETITIONER AGREES TO PAY THE COST OF THIS PROCEEDING.
- 4.) PETITIONER CAN SHOW CAUSE WHY HIS/HER DRIVING PRIVILEGES SHOULD NOT BE SUSPENDED IN THAT SAID SUSPENSION WOULD SERIOUSLY AFFECT THE PETITIONER'S ABILITY TO CONTINUE HIS/HER EMPLOYMENT, AND WOULD CAUSE UNDUE HARDSHIP.

5.) I AM EMPLOYED AT:

NAME OF EMPLOYER

ADDRESS

CITY, STATE, ZIP CODE

Occupation: _____

6.) I WORK THE FOLLOWING SCHEDULE AND HAVE ATTACHED A SIGNED LETTER FROM MY EMPLOYER ON COMPANY LETTERHEAD REFLECTING THE DAYS/HOURS I AM REQUIRED TO WORK.

DAYS OF THE WEEK	STARTING TIME (am/pm)	QUITTING TIME (am/pm)
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Overtime requirement: YES NO

If yes, list days and hours overtime may be required:

Amount of time it takes to drive to work:

Other privileges requested; i.e. to/from school, personal business (choose 4 hours once per week),

NOTE: If you have any questions regarding the status of your operator's license or regarding fees that are owed, you may review your driving record on-line at: www.bmv.ohio.gov. You may also contact the Bureau of Motor Vehicles by phone at: (614) 752-7500 or (614) 752-7600 if you wish to verify reinstatement fees and/or other requirements.

PROOF OF INSURANCE

This is to certify that _____ (name) is covered by property damage and bodily injury liability insurance as required by the Ohio Revised Code, Section 4509.101. In addition, this policy has been paid through:

_____ (required field/need the date the policy is paid through/Permit to drive will not be issued if not complete.)

Driver's name:

Address:

Owner's name:

Address:

Name and address of insurance company:

Name in which policy was issued:

Policy number: _____ Effective dates: _____ to

X

Signature of insurance agent or authorized insurance company representative and address

SR#22 has been filed with Bureau of Motor Vehicles YES NO (CIRCLE ONE)