			CASE NO.:	
NAN	ME (FIRST, MIDDLE INITIAL	, LAST NAME)		
ADD	DRESS			
CITY	Y, STATE, ZIP CODE		PETITION WITH REQUEST FOR OCCUPATIONAL	
	, , , , , , , , , , , , , , , , , , , ,		DRIVING PRIVILEGES	
DAY	TIME PHONE NUMBER		WHILE UNDER SUSPENSION	
SSN	(Last four digits)	DOB		
LICENSE NUMBER		BMV CASE NUMBER(S)		
1.)	WITHIN THE JURISDICTION PETITIONER STATES THAT SUSPENSION FROM THE BUREAU OF MOTOR VEH THE SUSPENSION IS: A TWELVE POINT A SUSPENSION PUT FAILURE TO MAINTAIN	PETITIONER NT OF DEFIANCE COUNTY, CON OF THE DEFIANCE MUNICAT HE/SHE HAS RECEIVED A TOHIO SUSPENSION FROM PRSUANT TO OHIO REVISED OF COMPLIANCE) FROM	CIPAL COURT. NOTICE OF USION AND PERIOD OF TO CODE 4509.101 FOR	
	compliance suspension in the past five (5) years pr third time your license	ivileges cannot be granted for fifte	een (15) days. If this is the	
	has been placed under a non-compliance suspension in the past five (5) years privileges cannot be granted for thirty (30) days.			
	\$, AN	NSTATEMENT FEES TOTALIN D/OR BUT IT OF THE REINSTATEMENT :		
	WOULD BE ENTITLED TO)	,	
		OR VEHICLE. NOTE: If placed o	n a payment plan	
	petitioner is to supply the Co with verification of r	urt naking required payment each and	d every month. Minimum	
	payment is \$50.00 per	6 1 1 J J		
		as do not exceed one (1) year.		

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

PETITIONER AGREES TO PAY THE COST OF THIS PROCEEDING.

3.)

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

YES

NO

Overtime requirement:

Amount of time it takes to drive to work:

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

1	etc. (please provide				
detail	s and be specific):				
	If requesting privileges to and from school please provide the name and address of each l and attach				
	cation of the days and hours classes are attended. Please include the amount of time it takes				
	to drive to/from				
the sc	hool.				
7.)	I have attached a copy of the notice I received from the Ohio Bureau of Motor Vehicles.				
8.)	I have obtained financial responsibility insurance coverage through the ending date of my suspension				
	(if non-compliance suspension) and have attached verification of same to my petition.				
9.)	I have paid all necessary reinstatement fees and have attached verification of same to my petition				
	(excluding reinstatement fee pay plan).				
10.)	I have an Ohio operator's license and to the best of my knowledge, my license is not suspended for any other reason and/or has not expired. Expiration date of license:				
11.)	I have completed a remedial driving program and have provided verification to the Bureau of Motor vehicles				
	(twelve (12) point suspension).				
12.)	All the information I have provided is true and correct to the best of my knowledge.				
	WHEREFORE, PETITIONER REQUESTS THAT HIS/HER DRIVING PRIVILEGES NOT BE SUSPENDED AND THAT HE BE PERMITTED TO HAVE A HEARING IN				
	THIS MATTER.				
	PETITIONER				

- 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 co	overed by property da	amage and
bodily injury liability				C
insurance as required by the Ol	nio Revised Cod	le, Section 4509.101	l. In addition, this po	licy has
been paid through:			-	•
(r	equired field/ne	ed the date the police	cy is paid through/Pe	rmit to
drive will not be issued if not c	omplete.)	-		
Driver's name:				
Address:				
Owner's name:	_			
Address:				
Name and address of insurance	_			_
Name in	which	policy	was	issued:
Policy number:		_ Effective dates: _		to

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)