

MOTION FOR OCCUPATIONAL DRIVING PRIVILEGES

INSTRUCTIONS FOR FILING

Although your driver license is suspended, you may be able to apply for work (occupational) driving privileges. Please read the information on this page and follow the instructions. If you believe that you meet all the requirements, follow the instructions below:

I ___ have ___ have not been suspended before for not having insurance coverage.

I ___ have ___ have not had a 12 point suspension in the last five (5) years.

I ___ have ___ have not been convicted of any major traffic violation for which you were charged six (6) points during the last five (5) years.

My license ___ is ___ is not suspended for any other reason.

I ___ have ___ have not paid for damages I caused in a motor vehicle accident.

YOU MUST DO ALL OF THE FOLLOWING:

1. Pay for damages you caused if you were in a vehicle accident
2. Obtain approved financial responsibility (insurance coverage)
 - An SR-22 insurance bond
 - A surety bond
 - A \$60,000.00 real estate bond through BMV
 - A \$30,000.00 cash deposit through BMV
3. Pay the reinstatement fees as required by the BMV
4. Attach a copy of the Notice of Suspension from the BMV

PETITION FOR WORK (OCCUPATIONAL) DRIVING PRIVILEGES

Name: _____ Phone Number: _____

Address: _____

Driver License Number: _____ Date of Birth: _____

Social Security Number: _____ BMV Case Number: _____

I received notice that my driver license and all my driving privileges have been suspended for the ninety (90) days because I did not show proof that I had insurance coverage. I have read the instructions and information on the Petition and I believe that I qualify for work driving privileges. The ninety (90) day suspension will seriously affect my ability to continue to work on this job. I requested that I be given work driving privileges. I am employed at:

Employer: _____

Phone Number: _____

Address: _____

I work the following schedule which does not exceed six (6) days per week or twelve (12) hours per day. I have attached proof of my employment/school/medical.

DAYS OF THE WEEK	START TIME	QUITTING TIME
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____
Other	_____	_____

I HAVE OBTAINED APPROVED FINANCIAL RESPONSIBILITY (INSURANCE COVERAGE) AND ATTACHED IT TO THIS PETITION. ____ Initial here

I HAVE PAID ALL NECESSARY RE-STATEMENT FEES REQUIRED BY THE BUREAU OF MOTOR VEHICLES AND ATTACHED PROOF OF PAYMENT TO THIS PETITION. ____ Initial here

ALL OF THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ____ Initial here

Signature: _____

Date: _____

OHIO BUREAU OF MOTOR VEHICLES
ATTN: FINANCIAL RESPONSIBILITY
P.O. BOX 16583
COLUMBUS, OH 43216-6583