IN THE CRAWFORD COUNTY MUNICIPAL COURT

_____	:	CASE NO._____
_____	:	PHONE # _____
_____	:	
PETITIONER,	:	BMV CASE NO._____
- V -	:	
	:	PETITION FOR LIMITED
OHIO BUREAU OF MOTOR VEHICLES,	:	DRIVING PRIVILEGES DURING
RESPONDENT.	:	BMV FRA SUSPENSION
	:	

The undersigned, whose date of birth is _____/_____/_____ and whose most recent operator's license number is _____ states as follows:

My driving privileges were suspended by the Ohio Bureau of Motor Vehicles for failure to maintain proof of financial responsibility (insurance). A photocopy of that suspension form is attached to this petition.

I have paid and/or will pay reinstatement fee prior to court issuing driving letter and have no other suspensions of my operator's license.

I now have and will continue to maintain financial responsibility as required by law a copy of which is attached to this petition.

☐ I have an unexpired license.

☐ I do not have an operator's license or I had one that has expired. Please issue an Order to Retest or Renew my operator's license.

☐ I understand that I must have a valid underlying license to obtain limited privileges in this matter.

☐ I request limited driving privileges for the following purpose(s) checked below: (Please check purpose(s) and complete all information as requested)

Occupational (petitioner may drive to and from work and during work if job requires driving)

☐ Employer:_____
Address: _____
Phone:_____

☐ Educational Institution/Vocational/Job Training Program:_____
Address: _____
Phone: _____

☐ Childcare Provider:_____
Address: _____
Phone: _____

☐ Medical Office/Facility: _____
Address: _____
Phone: _____

☐ Court Ordered Treatment Facility:_____
Address: _____
Phone: _____

☐ Other:_____
_____
_____
_____

The undersigned petitioner understands that any privilege(s) granted herein shall be effective only so long as petitioner is otherwise valid, maintains financial responsibility as required by law, submits to blood, breath, or urine tests as designated by the arresting agency in the event the petitioner is arrested for OVI and if petitioner refuses such test, then any privileges granted herein shall be terminated.

_____
Petitioner

AFFIDAVIT

STATE OF OHIO, COUNTY OF CRAWFORD, SS:

The undersigned, first duly cautioned and sworn, attests that the statements made in this petition are true and accurate.

_____
Signature of AFFIANT/PETITIONER

Sworn and subscribed before me this _____ day of _____. 20___.

_____
Signature of Notary Public