



OHIO BUREAU OF MOTOR VEHICLES

FIFTY HOUR AFFIDAVIT

PLEASE PRINT

NAME OF TEMPORARY PERMIT HOLDER		TEMPORARY INSTRUCTION PERMIT I.D. NO.	SSN	
ADDRESS	CITY	STATE	ZIP CODE	
NAME OF PARENT, GUARDIAN OR CUSTODIAN		DRIVER LICENSE/I.D. CARD NO.	SSN	RELATIONSHIP TO TEMPORARY PERMIT HOLDER
ADDRESS	CITY	STATE	ZIP CODE	

The above named parent, guardian or custodian personally appeared before me, and has duly sworn that the above named temporary permit holder (under the age of 18) has completed fifty (50) hours of driving including a minimum of ten (10) hours of driving at night between one-half hour after sunset and one-half hour before sunrise.

X _____
Signature of parent, guardian or custodian

Sworn to and subscribed in my presence by _____ this _____ day of _____, _____ (year). My commission expires _____, _____ (year).

X _____
(Notary)

NOTICE: Falsifying an affidavit is punishable by fine and/or imprisonment (O.R.C. Section 2921.21 and 4507.21{G}).