

Perrysburg Municipal Court

Aram M. Ohanian, Judge

300 Walnut Street
 Perrysburg, OH 43551-1455
 Phone: (419) 872.7900
 Fax: (419) 872.7905
 www.perrysburgcourt.com

(Space reserved for Court file stamp)

Application for **Driving Privileges**

Case No.: _____

Modification of Driving Privileges

Additional Driving Privileges

Full Name: _____ Social Security No.: _____

Residence Address: _____
 City State Zip

Phone No.: _____ Type of Suspension: _____

Unlimited Driving Privileges with Ignition Interlock Device (IID) [1st time O.V.I. offender only]

Limited Driving Privileges

- **Please print legibly.** If the form cannot be read or the information is not accurate or complete, the application may be denied.
- **If you have more than one employer/school, you must complete a separate application for each one.**
- The following documents **MUST BE ATTACHED**:
 - Proof of Insurance
 - Letter from employer, on company letterhead, verifying days and hours of work
 - Class schedule verifying days and hours of classes

1. Employment: (If privileges are granted, you must carry work schedule to be valid.)

Employer's name: _____ Phone No.: _____

Employer's Address: _____
 City State Zip

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
START (Include travel time)							
END (Include travel time)							

2. Education: (If privileges are granted, you must carry education schedule to be valid.)

Employer's name: _____ Phone No.: _____

Employer's Address: _____
 City State Zip

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
START (Include travel time)							
END (Include travel time)							

3. Court Ordered/Medical Treatment:

Reason for Treatment: _____

Provider's name: _____ Phone No.: _____

Provider's Address: _____
 City State Zip

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
START (Include travel time)							
END (Include travel time)							

4. **Other:** Reason: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
START (Include travel time)							
END (Include travel time)							

The undersigned represents to the Court that:

- I. If the Court does not grant limited driving privileges, the license suspension would seriously affect his/her ability to continue employment, schooling, and/or treatment.
- II. Insurance is in effect and will be kept in effect as per R.C. 4509.101.

Notice: Giving false information on this application may result in personal penalties of imprisonment and/or fine.

Email Address

Defendant's Signature

Documents may be emailed to:
hhugenberg@perrysburgoh.gov
Phone: 419.872.7919
Haley Hugenberg, BMW Liaison

Date

- Will pick up driving letter at the Court
- Mail driving letter
- Email Driving Letter

COURT USE ONLY

Limited Driving Privileges

- | | | |
|---|-----------------------------------|---------------------------------|
| Employment: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Education: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Court Ordered/Medical Treatment: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Other: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Unlimited Driving Privileges: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Ignition Interlock | <input type="checkbox"/> Required | |
| Restricted Plates | <input type="checkbox"/> Required | |

Judge Aram M. Ohanian

Date