



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**REQUEST FOR DRIVER LICENSE EXAMINATION OR
RECERTIFICATION / REPORT OF VIOLATION OF
A RESTRICTION OHIO REVISED CODE (R.C.) 4507.20, 4507.14**

DRIVER

NAME (LAST)		FIRST			MI
ADDRESS (NUMBER & STREET)		CITY	STATE	COUNTY	ZIP CODE
DRIVER LICENSE #	CDL LICENSE #		STATE OF ISSUANCE IF NOT OHIO		

VEHICLE

YEAR & MAKE OF VEHICLE	LICENSE PLATE #
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DRIVER CONDITION

CHECK APPROPRIATE BLOCK(S) AND DESCRIBE EXISTING CONDITION.

<input type="checkbox"/> PHYSICAL _____	<input type="checkbox"/> OPERATOR DRIVING EXAM _____
<input type="checkbox"/> MENTAL _____	<input type="checkbox"/> COMMERCIAL DRIVING EXAM _____
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> VISION _____
<input type="checkbox"/> DRIVING IN VIOLATION OF A RESTRICTION, R.C. 4507.14 (THIS IS NOT A TRAFFIC OFFENSE)	
LIST RESTRICTION VIOLATED	

INCIDENT

DATE OF INCIDENT	CRASH #	DATE OF CRASH
REPORT OF INCIDENT / COMPLAINT		
DATE DRIVER NOTIFIED OF THIS REQUEST		

COMPLAINANT / OFFICER

NAME OF COMPLAINANT / OFFICER (LAST)	FIRST	MIDDLE	PHONE #	
ADDRESS (NUMBER & STREET)	CITY	STATE	COUNTY	ZIP CODE

By my signature, I agree to be the official source of information for this re-examination report.

SIGNATURE X	DATE
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(MUST BE REVIEWED AND SIGNED BY HEAD OF AGENCY)

SIGNATURE OF OFFICER X	
APPROVED BY	
TITLE	DEPARTMENT
CITY	DATE SUBMITTED
CONTACT PHONE #	

Individual should be advised this request is being submitted to either:

SpecialCases@dps.ohio.gov

or

**OHIO BUREAU OF MOTOR VEHICLES
ATTN: DRIVER LICENSE SUSPENSIONS /
SPECIAL CASE UNIT
P.O. BOX 16784
COLUMBUS, OH 43216-6784**