OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

FIFTY HOUR AFFIDAVIT

PLEASE PRINT

NAME OF TEMPORARY PERMIT HOLDER		TEMPORARY INSTRUCTION PERMIT I.D. #	
ADDRESS	CITY	STATE	ZIP CODE
NAME OF PARENT, GUARDIAN, OR CUSTODIAN	DRIVER LICENSE / I.D. CARD #	RELATIONSHIP TO TEMPORARY PERMIT HOLDER	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS OR TELEPHONE #			

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.

SIGNATURE OF PARENT, GUARDIAN OR CUSTODIAN

X _____

Sworn to and subscribed in my presence this _____ day of _____, 20 ___ in _____ County,

State of _____.

(Notary Seal)

Signature of Notary Public **X** _____ My commission expires _____

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

BMV 5791 4/16 [760-1073]

RESTRICTED