



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**TWENTY-FOUR HOUR AFFIDAVIT**

**PLEASE PRINT**

NAME OF TEMPORARY PERMIT HOLDER		TEMPORARY INSTRUCTION PERMIT I.D. #	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS OR TELEPHONE #			
NAME OF LICENSED DRIVER(S)		DRIVER LICENSE #	

The above named temporary permit holder personally appeared before me, and has duly sworn to have completed twenty-four (24) hours of driving with a valid licensed driver without exceeding four (4) hours of driving per day.

SIGNATURE OF TEMPORARY PERMIT HOLDER

**X**

**Notary:**

Subscribed and sworn to before me by \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ in the county of \_\_\_\_\_ state of \_\_\_\_\_.

(Notary Seal)

My commission expires \_\_\_\_\_ printed name \_\_\_\_\_ Signature of (circle one)

Clerk, Deputy Clerk of Courts, Notary **X** \_\_\_\_\_

**NOTICE:** Falsifying an affidavit is punishable by fine and / or imprisonment (Ohio Revised Code Section 2921.11).