



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**EVENT OFFICIAL APPROVAL FOR PROBATIONARY DRIVER
LICENSE HOLDERS DRIVING WITHIN RESTRICTED HOURS**

Pursuant to Ohio Revised Code (R.C.) 4507.071(B)(1), the following restrictions apply to drivers under the age of 18:

- When the probationary license has been held for less than twelve months, the license holder is not permitted to drive between midnight and six a.m. unless the license holder is accompanied by their parent or guardian.
- When the probationary license has been held for twelve months or longer, the license holder is not permitted to drive between one a.m. and five a.m. unless the license holder is accompanied by their parent or guardian.

R.C. 4507.071(B)(2) allows for the probationary license holder to drive to or from a school or religious event during the restricted hours described above if the license holder has immediate possession of written documentation from an appropriate school official or official affiliated with the religious event.

This form is available to use as written documentation permitting the probationary driver license holder to drive between the restricted hours. Complete both sections below.

SECTION A – PROBATIONARY DRIVER LICENSE HOLDER INFORMATION

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|------|------------------|
| NAME | DRIVER LICENSE # |
|------|------------------|

SECTION B – COMPLETED BY APPROPRIATE OFFICIAL

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|--|--|------|-------------------|---------------------------------|------------------------------------|
| INDICATE IF EVENT IS SCHOOL OR RELIGIOUS | | | | <input type="checkbox"/> SCHOOL | <input type="checkbox"/> RELIGIOUS |
| NAME OF SCHOOL OR EVENT SPONSOR | | | TELEPHONE # | | |
| NAME OF OFFICIAL | | | TITLE OF OFFICIAL | | |
| TYPE OF FUNCTION | | | | | |
| FUNCTION ADDRESS | | CITY | | STATE | ZIP |

EVENT OCCURRENCE

| | | | | | |
|--|------|------------|--|----------|--|
| <input type="checkbox"/> ONE TIME OCCURRENCE | DATE | START TIME | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | END TIME | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |
|--|------|------------|--|----------|--|

| | | | | |
|--|------------|--|----------|--|
| <input type="checkbox"/> REOCCURRING EVENT | START TIME | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | END TIME | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |
|--|------------|--|----------|--|

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| EXPLAIN REOCCURRENCE (WEEKLY, MONTHLY, ETC.) |
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|----------------------------------|------|
| OFFICIAL'S SIGNATURE X | DATE |
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