



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

REPORT OF CONVICTIONS INSTRUCTIONS TO THE COURT

- All Courts may use this form to **report convictions** where there is **no uniform traffic ticket (UTT)**. Do not use this form for parking violations.
- If the license is **suspended or revoked**, please send the license with this report to: Ohio Bureau of Motor Vehicles, License Verification Unit, P.O. Box 16784, Columbus, Ohio 43216-6784.

DO NOT WRITE IN THIS SPACE		DATE OF BIRTH (MONTH, DAY, YEAR)			DRIVER LICENSE NUMBER		
NAME OF DEFENDANT (LAST, FIRST, MIDDLE)							
ADDRESS OF DEFENDANT (STREET AND NUMBER OR RDF NUMBER)							
CITY OR VILLAGE			COUNTY OF RESIDENCE			STATE	ZIP CODE
TYPE OF DRIVER LICENSE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> TEMPORARY					SOCIAL SECURITY NUMBER		
LICENSE PLATE NUMBER			DATE OF OFFENSE			IS THIS A MOVING VIOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION OF THE LAW OR ORDINANCE VIOLATION							
COURT CODE		COURT NAME			CASE NUMBER		
FR SHOWN TO OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO		NO FR SHOWN TO COURT – <input type="checkbox"/> BMV TO PROCESS		TYPE OF VEHICLE OPERATED <input type="checkbox"/> PASS <input type="checkbox"/> COMM <input type="checkbox"/> CYCLE <input type="checkbox"/> OVER 26001 <input type="checkbox"/> BUS <input type="checkbox"/> HAZMAT			
		SPEED	OMVI	LICENSE	CHILD RESTRAINT		SPEED DETAIL
IF BOND FORFEITURE, DATE FORFEITED							
CONVICTION DATE							
MOVING VIOLATION?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEA CODE							
POINTS ASSESSED							
BMV OFFENSE CODE							
IF AMENDED, OFFENSE CODE							
FOR BMV USE							

- Suspension Class
- License Suspended _____ days / months eff. _____ to _____
- MO-Limited Driving Privileges eff. _____ to _____
(See Separate Entry) Suspension is on Count _____ FRA Suspension
- License Forfeiture – See Separate BMV Form 2528
- OL Confiscated – Date sent to BMV _____
- Waive Probationary 2 or Probationary 3 Suspension (Ohio Revised Code 4510.31)
- Court Ordered Parent / Guardian Restriction eff. _____ to _____

I hereby certify that the above statements are taken from the records of this Court.

AUTHORIZED SIGNATURE X	DATE
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SEND TO: Ohio Bureau of Motor Vehicles, License Verification Unit, P.O. Box 16784, Columbus, Ohio 43216-6784