



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**PROOF OF OHIO RESIDENCY-CERTIFIED STATEMENT**

This form must be completed when the Applicant for an Ohio driver's license (DL) or Ohio ID card cannot provide proof of an Ohio street address through documents listed on the Ohio BMV Acceptable Documents List.

- A dependent child may have an address confirmed by a parent or guardian who has proof for the same address.
- A married person may have an address confirmed by a spouse who has proof for the same address.
- An Applicant may have the address confirmed by an appropriate Agency (homeless shelter, nursing home, half-way house, faith-based institution, or other legitimate social services agency) whose authorized agent confirms the address listed.

**PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY. ALL FIELDS ARE REQUIRED, EXCEPT WHERE NOTED. (\*)**

APPLICANT'S FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME	DATE OF BIRTH
OHIO STREET ADDRESS	CITY	STATE OHIO	ZIP CODE

I certify that I am the person described above, that I am a permanent resident of the state of Ohio, that I do not have documentary proof for the above street address, that I am authorized to use the above address to receive mail and legal notices, and that I request that the address be entered as my address on any Ohio driver license or Ohio ID issued to me.

APPLICANT'S SIGNATURE:   X   DATE: \_\_\_\_\_

**CERTIFICATION BY PARENT OR GUARDIAN OF DEPENDENT CHILD OR SPOUSE OF MARRIED APPLICANT**

<input type="checkbox"/> PARENT OR STEP-PARENT	<input type="checkbox"/> GUARDIAN	<input type="checkbox"/> SPOUSE
FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME

I certify that I am the parent, stepparent, guardian, or spouse of the applicant as indicated above, that the applicant is a permanent resident of the state of Ohio, that my address and the applicant's address are the same, and that I have presented documentary proof of my Ohio resident street address.

PARENT / GUARDIAN / SPOUSE SIGNATURE:   X   DATE: \_\_\_\_\_

**OR CERTIFICATION BY SOCIAL SERVICES AGENCY (IF NO PARENT, GUARDIAN, OR SPOUSE CERTIFICATION)**

NAME OF AGENCY			
DESCRIBE NATURE OF AGENCY (HOMELESS SHELTER, NURSING HOME, HALF-WAY HOUSE, FAITH-BASED INSTITUTION, ETC.)			
ADDRESS OF AGENCY	CITY	STATE	ZIP CODE
NAME OF AUTHORIZED AGENT	TELEPHONE NUMBER (    )    -	*FAX NUMBER OR EMAIL ADDRESS (Optional) (    )    -	

I certify that I am an authorized agent of the above Agency, that the Applicant described above is a client of or is known to the Agency, that to the best of my knowledge and belief the applicant is a permanent resident of the state of Ohio, that the applicant does not currently have documentary evidence of a permanent street address, but that the applicant can receive mail and legal notice at the address listed above.

AUTHORIZED AGENT'S SIGNATURE:   X   DATE: \_\_\_\_\_

**WARNING: This document is part of an application for a state license or ID. Making a false statement on this document may constitute the crime of falsification, a misdemeanor of the first degree, RC 2921.13.**

<b>BMV USE ONLY (VERIFICATION)</b>	
AGENCY CONFIRMATION	DATE
PROOF PRESENTED BY PARENT / GUARDIAN / SPOUSE	
D/R EMPLOYEE	MANAGER OR DEPUTY REGISTRAR