



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR BMV REINSTATEMENT FEE
AMNESTY AND INDIGENT WAIVERS**

Ohio Revised Code (R.C.) 4510.10, 4510.102

This is an application for the waiver of reinstatement fees through the Bureau of Motor Vehicles (BMV). In order to have reinstatement fees waived, the applicant must meet the eligibility requirements listed below, which are outlined in R.C. 4510.10 and 4510.102. Please complete this application and return it to the BMV with the required proof of indigence documentation (listed below) for review and approval. The applicant will receive notification by mail of whether their application was approved or denied.

- AMNESTY WAIVER** – You must owe fees on at least one offense that is eligible for the Amnesty Program.
 - The Amnesty Program requires proof of current insurance prior to reinstatement, which also activates the Amnesty fee plan to cover any remaining non-eligible fees. You may include proof of current insurance with this application or provide at a later time (insurance card, declaration page, policy, or other proof that can be verified).
- FULL INDIGENT WAIVER** – You must first complete all other reinstatement requirements with the exception of fees and testing. If approved, this waiver will remove all of your current reinstatement fees.

WAIVER OF FEES

All applicants for waivers must provide proof of indigence by providing one of the following:

- SNAP benefits – Benefit approval or Notice of Action letter issued by Ohio Job and Family Services, or Screenshot of your online case summary from your local JFS office or the Self-Service Benefits Portal.
- MEDICAID – Benefit approval or Notice of Action letter issued by Ohio Job and Family Services, or Screenshot of your online case summary from your local JFS office or the Self-Service Benefits Portal.
- OHIO WORKS FIRST – Benefit approval or Notice of Action letter issued by Ohio Job and Family Services, or Screenshot of your online case summary from your local JFS office or the Self-Service Benefits Portal.
- US Department of Veteran Affairs Pension Benefits Program – Benefit Verification Letter, or screenshot of enrollment webpage showing name, benefits, enrollment expiration, or
- Supplemental Security Income Program – Benefit Verification Letter, or screenshot of enrollment webpage showing name, benefits, enrollment expiration.

LAST NAME		FIRST NAME		MIDDLE NAME
OHIO DRIVER LICENSE NUMBER		PHONE NUMBER		DATE OF BIRTH
E-MAIL ADDRESS				
ADDRESS (STREET)				
CITY		STATE	ZIP	COUNTY
SIGNATURE X				DATE

Send the completed application, along with proof of indigence, and proof of current insurance

By Email: amnesty@dps.ohio.gov	By Fax: 1-614-308-5110	By Mail: Ohio BMV Attn: ALS P.O. Box 16784 Columbus, OH 43216-6784	In Person: BMV Deputy Registrar office (listed at www.bmv.ohio.gov) A service fee will apply
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For questions or additional information, please visit www.bmv.ohio.gov or call Toll Free (844) 644-6268.