



OHIO BUREAU OF MOTOR VEHICLES

YOU WILL LOSE YOUR DRIVER LICENSE FOR AT LEAST 90 DAYS IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- **PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • Upon traffic court appearance and • Upon random checks by the Registrar of Motor Vehicles.
- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL** • Lose his or her driver license for 90 DAYS on first offense and ONE YEAR on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$75.00 first offense, \$250.00 second offense, and \$500.00 any additional offense • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for FIVE YEARS.
- **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE,** in addition to all the penalties listed above, you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION for SEVEN YEARS.
- **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
- **WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

SIGN BELOW ↓ DETACH BOTTOM PORTION FOR BMV RECORDS ... ↑ KEEP UPPER PORTION FOR YOUR RECORDS

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POWER OF ATTORNEY

FOR REGISTRATION PURPOSES ONLY
TO BE COMPLETED BY OWNER OR PURCHASER OF VEHICLE(S) LISTED BELOW

I, _____ of _____
Name Address
hereby name _____ of _____
Name Address

as my attorney in fact to make application for registration or transfer of registration for the following vehicle(s):

Plate No.	Veh. Year	Make	Type	Serial Number

***NOTE: IN THE CASE OF A LEASE OR JOINT OWNERSHIP, YOU MAY BE REQUIRED TO PROVIDE THE LESSEE/ADDITIONAL OWNER'S SOCIAL SECURITY NUMBER (SSN) OR TAX IDENTIFICATION NUMBER (TIN).**

Lessee/Additional Owner Name _____ SSN/TIN _____

I affirm that the owners (or lessees of leased vehicle) now have insurance or other financial responsibility coverage covering this vehicle and will not operate or permit the operation of this vehicle without FR coverage; and that the vehicle will not be used as a commercial vehicle unless so registered.

X
Signature of Owner(s) _____ Date of Birth _____ Soc. Sec. or Tax I.D. Number _____ County of Residence _____ City or Township of Residence _____ Date _____
BMV 5736 3/99