



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

OCCUPANT RESTRAINING DEVICE EXEMPTION REQUEST

Pursuant to Ohio Revised Code (R.C.) 4513.263, a qualifying applicant can request exemption from wearing an occupant restraining device if that person has a permanent physical impairment that makes the use of such device impossible or impractical. Qualifying applicants can request through this form that the exemption information be available in the law enforcement automated data system. R.C. 4507.13, 4507.52, and 4513.263

SECTION A

To be completed by the person with permanent/temporary injury (if able and if age 18 or older) or the parent or guardian of person with permanent/temporary injury. Please type or print legibly all requested information.

NAME OF PERSON WITH PHYSICAL IMPAIRMENT (Required)		DL/ID# OF PERSON WITH PHYSICAL IMPAIRMENT (Required)	
STREET ADDRESS		CITY	
STATE	ZIP CODE	COUNTY	TELEPHONE #
NAME OF PERSON COMPLETING APPLICATION (Required if applicable)		RELATIONSHIP TO APPLICANT (Required if applicable)	
SIGNATURE OF APPLICANT OR PERSON COMPLETING APPLICATION (REQUIRED) X			DATE SIGNED (Required)

SECTION B

To be completed by a licensed physician or chiropractor. Please type or print legibly all requested information. All information below is required for inclusion in the database.

NAME OF LICENSED PHYSICIAN OR CHIROPRACTOR (Required)		MEDICAL LICENSE # (Required)	ISSUING STATE
BUSINESS STREET ADDRESS		TITLE	
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE #
THIS PHYSICAL IMPAIRMENT IS: <input type="checkbox"/> PERMANENT or EXPECTED TO BE PERMANENT (Send to BMV: ELIGIBLE FOR INCLUSION IN DATABASE) <input type="checkbox"/> TEMPORARY (Do not send to BMV: NOT ELIGIBLE FOR INCLUSION IN DATABASE) Expiration Date: _____			
DOES THE PHYSICAL IMPAIRMENT MAKE THE USE OF AN OCCUPANT RESTRAINING DEVICE IMPOSSIBLE OR IMPRACTICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			

I certify that the above named person has a physical impairment that make the use of an occupant restraining device impossible or impractical, and that the physical impairment is permanent or reasonably expected to be permanent.

SIGNATURE OF LICENSED PHYSICIAN OR CHIROPRACTOR (Required) X	DATE SIGNED (Required)
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Warning: Knowingly making a false statement on this form constitutes falsification, a first-degree misdemeanor punishable by criminal fines and imprisonment, and also may result in civil liability (R.C. 2921.13).