



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**EMPLOYER APPROVAL FOR PROBATIONARY DRIVER LICENSE
HOLDERS DRIVING WITHIN RESTRICTED HOURS**

Pursuant to Ohio Revised Code (R.C.) 4507.071(B)(1), the following restrictions apply to drivers under the age of 18:

- When the probationary license has been held for less than twelve months, the license holder is not permitted to drive between midnight and six a.m. unless the license holder is accompanied by their parent or guardian.
- When the probationary license has been held for twelve months or longer, the license holder is not permitted to drive between one a.m. and five a.m. unless the license holder is accompanied by their parent or guardian.

R.C. 4507.071(B)(2) allows for the probationary license holder to drive to or from work during the restricted hours described above if the license holder has immediate possession of written documentation from their employer.

This form is available to use as written documentation permitting the probationary driver license holder to drive between the restricted hours. Complete both sections below.

SECTION A - PROBATIONARY DRIVER LICENSE HOLDER INFORMATION

NAME	DRIVER LICENSE #
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SECTION B - COMPLETED BY EMPLOYER

CURRENT EMPLOYER	NAME OF MANAGER	TELEPHONE #	
EMPLOYER ADDRESS	CITY	STATE	ZIP
BEGINNING DATE OF EMPLOYMENT	ENDING DATE OF EMPLOYMENT (IF KNOWN)		

EMPLOYEE WORK SCHEDULE	START TIME	END TIME
SUNDAY	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
MONDAY	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TUESDAY	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
WEDNESDAY	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
THURSDAY	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
FRIDAY	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
SATURDAY	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

EMPLOYER SIGNATURE X	TITLE	DATE
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