



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

TWENTY-FOUR HOUR AFFIDAVIT

PLEASE PRINT

NAME OF TEMPORARY PERMIT HOLDER		TEMPORARY INSTRUCTION PERMIT I.D. #	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS OR TELEPHONE #			
NAME OF LICENSED DRIVER(S)		DRIVER LICENSE #	

The above named temporary permit holder personally appeared before me, and has duly sworn to have completed twenty-four (24) hours of driving with a valid licensed driver without exceeding four (4) hours of driving per day.

SIGNATURE OF TEMPORARY PERMIT HOLDER X	DATE
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Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,

State of _____.

(Notary Seal)

Signature of Notary Public **X** _____ My commission expires _____

NOTICE: Falsifying an affidavit is punishable by fine and / or imprisonment (Ohio Revised Code Section 2921.11).