

State of Ohio Certified 8-Hour Defensive Driving Remedial Program

****Please Print Clearly****

Complete Name: _____
(include your middle initial)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: 1) _____ 2) _____

Date of Birth: _____ E-mail: _____

Social Security #: _____

Driver's License #: _____

Date of Course Preferred: _____

Reason for Attending:

_____ **12-point suspension**; you must have received your written notice from the State of Ohio

_____ **2-point credit**; you must have between 2-11 points on your record at the time of the course & you may only receive a 2-point credit once every 3 years. Maximum of 5 2-point credits in your lifetime.

_____ **Court**; Location of Court _____

_____ **Work Policy**; Name of Business: _____

_____ **Underage DUI**; How many moving violations have you been convicted of? _____

_____ **Other**; Please explain: _____

Registrations must be received no later than the Friday before your preferred course date. We will call you, when we receive your registration and payment or mail a confirmation if time is permitting. If you have any questions, please feel free to contact our office at (419) 662-7777, Monday thru Friday between the hours of 8:00 a.m. and 4:00 p.m.