



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION INFORMATION FOR STANDARD
OHIO DRIVER LICENSE OR ID CARD

AGENCY NUMBER
APPLICATION NUMBER

Applicants are required to complete Column A of this form in order to apply for the following: Ohio Driver License (DL) [includes Commercial, Operator, Motorcycle Only, Moped, or Motor Scooter], Ohio Identification Card (ID) [includes Temporary or Permanent], and Ohio Temporary Instruction Permit Identification Card (TIPIC) [includes all classes]. Applicants must present acceptable documents.

BMV USE ONLY - Check the following box(es) that applies:

Ohio DL / ID / TIPIC has never been issued or is expired over 6 months
 Ohio DL / ID / TIPIC was lost, stolen, damaged, destroyed, suspended, or confiscated (Ohio DL / ID / TIPIC is not presented)
 Converting to Ohio DL from another state/country

Request a change/correction to Name, Date of Birth, Social Security Number, or License Number as permitted
 Non-U.S. Citizens must present all legal presence documentation **OR an I-551**, except U.S. Nationals
 Naturalization: Recently Naturalized

COLUMN A

**Applicants must complete all of column A.
MUST WRITE FULL LEGAL NAME**

FIRST NAME		
FULL MIDDLE NAME		
CURRENT LAST NAME	SUFFIX	
RESIDENCE ADDRESS (No P.O. Box permitted)	APT/UNIT#	
CITY		
STATE	ZIP	
SHIP CARD TO - ADDRESS (if different than listed above)	APT/UNIT#	
CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female
SOCIAL SECURITY NUMBER		
HEIGHT	WEIGHT	
HAIR COLOR	EYE COLOR	
TELEPHONE NUMBER ()		
E-MAIL ADDRESS		
LEGAL PRESENCE IN UNITED STATES		
<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> U.S. NATIONAL (NON-U.S. CITIZEN) <input type="checkbox"/> PERMANENT RESIDENT (NON-U.S. CITIZEN) <input type="checkbox"/> TEMPORARY RESIDENT (NON-U.S. CITIZEN)		
Country of Citizenship _____		

WARNING: IT IS A CRIMINAL OFFENSE TO GIVE FALSE INFORMATION ON THIS APPLICATION.

Under penalty of law, I affirm that the above information is true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT (Must be signed in front of the processing employee)

X

SIGNATURE OF PROCESSING EMPLOYEE

X

*SIGNATURE OF REVIEWER

X

*If processing employee is not a Deputy Registrar or supervisor, reviewer must be a Deputy Registrar or supervisor.

If applicant is assisted with completing this form, print name of assistant and their DL / ID number, if available: _____

COLUMN B (BMV USE ONLY)

Applicants must present documents to prove the 5 elements. If applying for a duplicate or renewal, one document is acceptable when all conditions are met.

PROOF OF NAME, DOB, AND U.S. CITIZENSHIP

Original or Certified Birth Record
(state) _____
 U.S. Passport / Passport Card
Exp. Date _____
 U.S. Naturalization Document
 ODRC I.D. Card
 ODYS I.D. Card
 Consular Report of Birth Abroad

U.S. NATIONAL PROOF OF NAME, DOB, AND LEGAL PRESENCE

Original or Certified Birth Record
(territory) _____
 Consular Report of Birth Abroad
 U.S. Passport / Passport Card
Exp. Date _____
 Endorsement Page Number _____

PROOF OF NAME CHANGE (if applicable)

Divorce Doc Marriage Doc Certified Copy of Court Ordered Name Change

ONE DOCUMENT TRANSACTION

(Specify Document) _____

PROOF OF SSN

SS Card W-2 1099 Pay Stub BMV 2161 (not SS eligible)
 Other (specify) _____

NON-U.S. CITIZEN-Proof of Name, DOB & Legal Presence

Permanent Resident Card (I-551) Conditional Resident (I-551T)
 Employment Authorization Card (I-766) Unexpired Foreign Passport
 VISA (type / class) _____ I-20 OPT / CPT DS-2019
 I-94 I-797 PPR
 Other (specify) _____
Legal Presence Document Exp. Date (Mandatory) _____

PROOF OF OHIO STREET ADDRESS (No P.O. Box)

No Address Change Document (specify) _____
 Declared – Ohio DL / ID is unexpired or expired less than 6 mos (Excludes Temp Residents)

NON-OHIO LICENSE OR ABSTRACT

BASS SYSTEM DATA MATCH	BASS PHOTOGRAPH
<input type="checkbox"/> NEW / OSC (No Data in System)	<input type="checkbox"/> No Photograph in BASS
<input type="checkbox"/> Name	<input type="checkbox"/> BASS Photograph Match
<input type="checkbox"/> DOB	<input type="checkbox"/> BASS Photograph Mismatch (must complete investigative review)
<input type="checkbox"/> SS Number	

DISCREPANCY Name DOB SS Number

DOCS. FOR RESOLUTION _____



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION INFORMATION FOR COMPLIANT
OHIO DRIVER LICENSE OR ID CARD**

AGENCY NUMBER
APPLICATION NUMBER

Applicants are required to complete Column A of this form in order to apply for the following: Ohio Driver License (DL) [includes Commercial, Operator, Motorcycle Only, Moped, or Motor Scooter], Ohio Identification Card (ID) [includes Temporary or Permanent], and Ohio Temporary Instruction Permit Identification Card (TIPIC) [includes all classes]. Applicants must present acceptable documents.

BMV USE ONLY - Check the following box(es) that applies:

<input type="checkbox"/> Compliant Ohio DL / ID / TIPIC has never been issued or is expired over 6 months	<input type="checkbox"/> Request a change/correction to Name, Date of Birth, Social Security Number, or License Number as permitted
<input type="checkbox"/> Ohio DL / ID / TIPIC was lost, stolen, damaged, destroyed, suspended, or confiscated (Ohio DL / ID / TIPIC is not presented)	<input type="checkbox"/> Non-U.S. Citizens must present all legal presence documentation OR an I-551, except U.S. Nationals
<input type="checkbox"/> Converting to Compliant Ohio DL from another state/country	<input type="checkbox"/> Naturalization: Recently Naturalized

COLUMN A

Applicants must complete all of column A.
MUST WRITE FULL LEGAL NAME

FIRST NAME		
FULL MIDDLE NAME		
CURRENT LAST NAME	SUFFIX	
RESIDENCE ADDRESS (No P.O. Box permitted)	APT/UNIT#	
CITY		
STATE	ZIP	
SHIP CARD TO - ADDRESS (if different than listed above)		
APT/UNIT#		
CITY	STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)	SEX	
<input type="checkbox"/> Male		<input type="checkbox"/> Female
SOCIAL SECURITY NUMBER		
HEIGHT	WEIGHT	
HAIR COLOR	EYE COLOR	
TELEPHONE NUMBER ()		
E-MAIL ADDRESS		
LEGAL PRESENCE IN UNITED STATES		
<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> U.S. NATIONAL (NON-U.S. CITIZEN) <input type="checkbox"/> PERMANENT RESIDENT (NON-U.S. CITIZEN) <input type="checkbox"/> TEMPORARY RESIDENT (NON-U.S. CITIZEN)		
Country of Citizenship _____		

COLUMN B (BMV USE ONLY)

Applicants must present documents to prove the 5 elements. If applying for a duplicate or renewal, one document is acceptable when all conditions are met.

PROOF OF NAME, DOB, AND U.S. CITIZSHIP

<input type="checkbox"/> Original or Certified Birth Record (state) _____	<input type="checkbox"/> U.S. Naturalization Document
<input type="checkbox"/> U.S. Passport / Passport Card	<input type="checkbox"/> I-797 Case Type I-565
Exp. Date _____	<input type="checkbox"/> Consular Report of Birth Abroad

U.S. NATIONAL PROOF OF NAME, DOB, AND LEGAL PRESENCE

<input type="checkbox"/> Original or Certified Birth Record (territory) _____	<input type="checkbox"/> U.S. Passport / Passport Card
<input type="checkbox"/> Consular Report of Birth Abroad	Exp. Date _____
	Endorsement Page Number _____

PERMANENT RESIDENT - Proof of Name, DOB, and Legal Presence

<input type="checkbox"/> Permanent Resident (I-551)	<input type="checkbox"/> Conditional Resident (I-551T) Exp. Date _____
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TEMPORARY RESIDENT - Proof of Name, DOB, and Legal Presence

Applicant must present documents from each column (cannot be the same document in both columns, supplemental document must be verifiable through SAVE)

Main Document

<input type="checkbox"/> Employment Authorization Card (I-766)	Supplemental USCIS Document		
<input type="checkbox"/> Unexpired Foreign Passport	<input type="checkbox"/> Employment Authorization Card (I-766)		
Visa Type _____	<input type="checkbox"/> I-94		
With I-94	<input type="checkbox"/> I-20	<input type="checkbox"/> OPT/CPT	<input type="checkbox"/> DS-2019
<input type="checkbox"/> Compliant Ohio DL/ID/TIPIC	<input type="checkbox"/> I-797	<input type="checkbox"/> PPR	Case type _____
Exp. Date _____	<input type="checkbox"/> Other (specify) _____	Exp. Date _____	

PROOF OF NAME CHANGE (if applicable)

<input type="checkbox"/> Divorce Doc	<input type="checkbox"/> Marriage Doc	<input type="checkbox"/> Certified Copy of Court Ordered Name Change
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PROOF OF SSN

<input type="checkbox"/> SS Card	<input type="checkbox"/> W-2	<input type="checkbox"/> 1099	<input type="checkbox"/> Pay Stub
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PROOF OF OHIO STREET ADDRESS (No P.O. Box)

<input type="checkbox"/> Document 1	<input type="checkbox"/> Document 2
<input type="checkbox"/> No Address Change	<input type="checkbox"/> Declared - Compliant Ohio DL / ID is unexpired or expired less than 6 mos.

ONE DOCUMENT TRANSACTION

(Specify Document) _____

NON-OHIO LICENSE OR ABSTRACT

BASS SYSTEM DATA MATCH	BASS PHOTOGRAPH
<input type="checkbox"/> NEW / OSC (No Data in System)	<input type="checkbox"/> No Photograph in BASS
<input type="checkbox"/> Name	<input type="checkbox"/> BASS Photograph Match
<input type="checkbox"/> SS Number	<input type="checkbox"/> BASS Photograph Mismatch (must complete investigative review)

DISCREPANCY Name DOB SS Number

DOCS. FOR RESOLUTION _____

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SIGNATURE OF APPLICANT (Must be signed in front of the processing employee)

DATE

X

SIGNATURE OF PROCESSING EMPLOYEE

*SIGNATURE OF REVIEWER

X

*If processing employee is not a Deputy Registrar or supervisor, reviewer must be a Deputy Registrar or supervisor.

If applicant is assisted with completing this form, print name of assistant and their DL / ID number, if available: _____