



**BUREAU OF
MOTOR VEHICLES**

Ohio Bureau of Motor Vehicles

Registrar, Mike Rankin

BMV FACTS AND FIGURES

- **8,776,272** licensed drivers and identification card holders in the state of Ohio.
- **2,007,439** driver licenses were issued.
- **308,933** identification cards were issued.
- **2,352,733** abstract driver record reports were processed.
- **157,252** six-point warning letters were generated.
- **26,881** 12-point suspension letters were generated.
- **3,778** probationary suspension letters were generated.
- **791,764** administrative and court mandated driver license suspensions were processed by the BMV.
- **185,909** motorcycle endorsements issued, renewed or added to a driver license.
- **\$30,700,198** was collected for driver license reinstatement fees by BMV reinstatement offices throughout the state, serving 358,674 customers.
- **\$8,342,210** was collected for driver license reinstatement fees by mail, serving 50,717 customers.
- **\$7,969,210** was collected for driver license reinstatement fees through the online process, serving 36,264 customers

SB 337

COLLATERAL SANCTIONS

Putting Ohioans back on the Road



The Collateral Sanctions Bill, signed by Governor John Kasich, was implemented September 28, 2012. The focus of this bill was to reduce non-driving suspensions, streamline the reinstatement process and to assist non-dangerous drivers regain their driving privileges.

1ST NON-COMPLIANCE SUSPENSION

(FAILURE TO SHOW PROOF OF INSURANCE)

Before SB 337

Mandatory 90 day suspension

1. 90 Day suspension imposed
2. \$150 reinstatement fee required
3. SR 22 filing required
4. Petition the court for limited driving privileges
5. Pay court fees to obtain limited driving privileges
6. File the driving privileges with the BMV

After SB 337

Indefinite suspension to compliance

1. Pay \$150.00 reinstatement fee
2. Submit SR 22 filing
3. Become "Valid" immediately. No mandatory suspension imposed

5,146 customers with a 1st non-compliance suspension became "valid" immediately upon complying with their reinstatement requirements.

3RD NON-COMPLIANCE SUSPENSION

(FAILURE TO SHOW PROOF OF INSURANCE –
3RD TIME WITHIN 5 YEARS)

Before SB 337 –

- Customers received a two year suspension with no possibility of receiving limited driving privileges.

After SB 337 –

- Customers may now apply for limited driving privileges after the first 30 days of their suspension, allowing them to legally drive in order to maintain and/or seek employment.

- **1,139** customers now have limited privileges on a 3rd non compliance suspension.

CHILD SUPPORT SUSPENSIONS

Before SB 337

- Customers could not apply for limited driving privileges, preventing them from legally being able to drive to work and pay their child support.

After SB 337

- Customers may now apply for limited driving privileges.

- **25** customers now have limited driving privileges on child support suspensions

POSITIVE IMPACT OF SB 337

- Numerous Ohio Courts have indicated their court dockets have significantly decreased as a result of the bill.
- Cleveland Municipal court has seen a 29% reduction in requests for limited driving privileges.
- Customers are quoted as saying “I am able to keep my job” because of the immediate reinstatement for a 1st non-compliance suspension.
- We’ve even had numerous customers start crying when told they were valid and don’t have to serve a suspension.
- Customers don’t have to pay court fees or appear in court for driving privileges.
- CDL drivers do not lose their driving privileges for a 1st non-compliance suspension and can continue to work.

BMV FEE INSTALLMENT PLAN IMPLEMENTED JULY 15, 2013

3,700 customers have enrolled in
the BMV fee installment plan.

BMV FEE INSTALLMENT PLAN REQUIREMENTS

- **Provide current proof of insurance**
- **Owe at least \$150 in reinstatement fees**
- **Have met all other reinstatement requirements except for paying reinstatement fees**
- **Are not currently on a court ordered fee payment plan**
- **Do not have a pending suspension**

PLAN APPLICATION

To apply, fill out BMV Form 1152, available:

- Online at ohiobmv.gov
- Any regional reinstatement office
- Any deputy registrar office or
- Request through the mail; 614-752-7600

PAYMENT OPTIONS

A minimum \$50 payment is required every 30 days.

- Payment Options:
 - Mail - check or money order. (No cash)
 - Reinstatement Office – (cash, check or money order)
 - Online – electronic check. (May take 5-7 business days to post)
 - Deputy Registrar (\$10 service fee for each monthly payment made).

NEXT OF KIN PROGRAM

IMPLEMENTED SEPTEMBER 8, 2008

- Ohioans can identify persons they choose to be notified in the event they are involved in a motor vehicle crash leaving them unable to communicate with emergency medical responders.
- It's free. There is no fee to add emergency contact information to your driving record.
- **490,625** people are currently enrolled in the NOK program.
- How to enroll:
 - In person at a local deputy registrar
 - Online, <http://bmv.ohio.gov>
 - By mail, P.O. Box 16520, Columbus, OH 43216-6520

WHAT'S NEW

NEXT OF KIN

- Ohioans can now allow their emergency contact persons to share their current medical information.
- The contact person(s) may share medical information with any medical professional providing emergency medical treatment.
- Applicants can identify person(s) to share their information by marking the application the appropriate boxes on the application. *See example.*



OHIO DEPARTMENT OF PUBLIC SAFETY
NEXT OF KIN / EMERGENCY CONTACT ENROLLMENT

To register, please visit our Web site at <http://www.bmv.ohio.gov/> or complete this form and return it to your local Deputy Registrar or mail it to:

OHIO BUREAU OF MOTOR VEHICLES
 Attn: Verification Services
 Document Management
 P.O. Box 16520
 Columbus, Ohio 43216-6520

NOTE: If this form is not filled out completely, Next of Kin information will not be updated nor will this form be returned for correction. Any changes to this document will override any previous submissions to add or change the Next of Kin Notification information. **[PLEASE ENSURE THE ACCURACY OF ANY NEXT OF KIN INFORMATION PROVIDED AND ENSURE THAT THIS INFORMATION IS UPDATED AS APPLICABLE; THE BMV IS NOT RESPONSIBLE FOR ANY ERRORS IN INFORMATION PROVIDED OR FOR FAILURE TO PROVIDE UPDATED INFORMATION. PURSUANT TO OHIO REVISED CODE (R.C.) SECTION 4501.81, THE BMV WILL NOT BE LIABLE IF CONTACT CANNOT BE MADE WITH A DESIGNATED CONTACT PERSON IN THE EVENT OF AN EMERGENCY].**

1. PLEASE CHECK ONE OF THE FOLLOWING

- Yes, I want to **add** Next of Kin / Emergency Contact information to my Ohio Driver License or Identification Card record.
- Please **remove all** Next of Kin / Emergency Contact information listed on my Ohio Driver License or Identification Card record (disregard section 3)
- Please **change** the Next of Kin / Emergency Contact information on my Ohio Driver License or Identification Card record to the following.

2. OHIO DRIVER LICENSE / IDENTIFICATION CARD HOLDER INFORMATION (Required)

OHIO APPLICANT LAST NAME	FIRST NAME	MI	
ADDRESS	CITY	STATE	ZIP CODE
OHIO DRIVER LICENSE # or IDENTIFICATION CARD # (Information Required)			

3. NEXT OF KIN / EMERGENCY CONTACT INFORMATION *At least one contact persons phone number, with area code, or address is required.

<input type="checkbox"/> Contact #1 Checking this box means that this person has accurate, detailed and up to date medical information about me that may be shared with any medical professionals providing emergency medical treatment to me.			
LAST NAME	FIRST NAME	MI	
RELATIONSHIP	HOME PHONE*	CELL PHONE*	WORK PHONE* EXT.
ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> Contact #2 Checking this box means that this person has accurate, detailed and up to date medical information about me that may be shared with any medical professionals providing emergency medical treatment to me.			
LAST NAME	FIRST NAME	MI	
RELATIONSHIP	HOME PHONE*	CELL PHONE*	WORK PHONE* EXT.
ADDRESS	CITY	STATE	ZIP CODE

4. SIGNATURE OF OHIO DRIVER LICENSE / IDENTIFICATION CARD HOLDER (Required)

I understand by checking the box and providing contact information for an individual with knowledge of my medical history, I am authorizing law enforcement to release my contact person's information to first responders and medical professionals.

SIGNATURE	DATE
X	

Identifies the person has detailed medical information on the application.