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.
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 loose their driving privileges for a 1st non-compliance suspension and can continue to work.
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
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](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)

<table>
<thead>
<tr>
<th>OHIO APPLICANT LASTNAME</th>
<th>FIRST NAME</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>OHIO DRIVER LICENSE # or IDENTIFICATION CARD #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   - **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* | CEL PHONE* | WORK PHONE* | EXT. |
     - ADDRESS | CITY | STATE | ZIP CODE |
   - **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* | CEL 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**

**Identifies the person has detailed medical information on the application.**