

8 Hour Defensive Driving Course Client Data Sheet

Date of Completion: _____

Name: _____

Address: _____

City/State/Zip: _____

D.O.B.: _____ **SS#** _____

Telephone #: _____

Drivers License #: _____

Reason for taking the DDC Program:

- Court ordered not for credit (this student was court ordered to take the remedial course and will not receive the 2 point credit). Forward certificate to court.
- This person is 19 years old or older but is taking the class because of a juvenile suspension that occurred before the age of 18.
- This course has been completed as a requirement for being eligible to retain or have my driver license returned due to being under the age of 21 and operating a vehicle with a prohibited level of alcohol in the blood, breath and urine as provided in R.C. 4511.19 (b) or a substantially similar municipal ordinance.
- I hereby apply to the Registrar of Motor Vehicles to credit two points on my driving record in accordance with Section 4510.037 (c). I am aware that I am not entitled to a two point credit if on this date the total points assessed against my record is less than 2 points or more than 11 points.
- This course has been completed as a requirement for being eligible to retain or have my driver license returned due to a twelve point suspension, Section 4510.038 (A).

Mail Certificate to:

- Ohio Bureau of Motor Vehicles**
- Client's Address Above**
- Other:** _____

DMV Certificate #: _____ NSC Certificate#: _____

Paid: Yes _____ No _____ **When** _____ **How** _____

Completed By: _____ **Date** _____