



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**AFFIDAVIT OF VEHICLE INOPERABILITY –
RANDOM SELECTION SUSPENSION**

LICENSE PLATE NUMBER	BMV CASE NUMBER RS
VEHICLE YEAR / MAKE	PROOF OF COVERAGE DATE
OWNER'S NAME	DATE VEHICLE BECAME INOPERABLE

I, being first duly sworn, say that I am the owner of the above vehicle and that:

1) **I usually have insurance and have attached proof** in the form of an Insurance Card, Insurance Declarations Page, or letter from an Insurance Agent showing coverage for this vehicle immediately before it became inoperable OR coverage for other vehicles I owned on the Proof of Coverage Date; and,

2) **This vehicle was inoperable (could not be driven)** on the Proof of Coverage Date because;

it was wrecked (submit documentation),

or the following major component had to be **replaced, rebuilt, or substantially repaired**:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternator/Starter | <input type="checkbox"/> Brake System (Entire) | <input type="checkbox"/> Clutch Assembly |
| <input type="checkbox"/> Computer (Electrical System) | <input type="checkbox"/> Differential | <input type="checkbox"/> Engine |
| <input type="checkbox"/> Fuel Pump | <input type="checkbox"/> Head Gasket | <input type="checkbox"/> Radiator |
| <input type="checkbox"/> Tie Rods | <input type="checkbox"/> Timing Belt/Chain | <input type="checkbox"/> Torque Converter |
| <input type="checkbox"/> Transfer Case (4 wheel) | <input type="checkbox"/> Transmission | <input type="checkbox"/> Water Pump |
| <input type="checkbox"/> Wheel Bearings | <input type="checkbox"/> Other (must specify): _____ | |

(Minor repairs to any of the above parts or systems do not meet the requirements to prove inoperability. Also, the following do not qualify: A/C system, Battery, Cracked Windshield/Window, Exhaust System/Muffler, Hoses, Minor Body Damage, Serpentine Belt, Spark Plugs, Tune-up, Worn or Flat Tires.)

3) The Estimated Actual Cost of necessary repairs was/is \$ _____ Attach bills/estimates, if available.

OWNER'S SIGNATURE X	DATE
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Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,

State of _____.

(Notary Seal)

Signature of Notary Public **X** _____ My commission expires _____

WARNINGS: (1) Submitting false information may constitute Falsification, a first degree misdemeanor, punishable by 180 days in jail and a \$1,000.00 fine; (2) Submitting this Affidavit does not automatically terminate your suspension; the BMV will review your Affidavit and notify you whether or not your suspension will be terminated. **The BMV's operability/inoperability determination is final unless you file a timely request for an administrative hearing on your suspension.**

To reinstate your license and vehicle registration, you may submit your reinstatement requirements:

By Mail: Ohio BMV Attn: Compliance P.O. Box 16520 Columbus, OH 43216-6520	In Person: BMV Deputy Registrar Office (listed at www.bmv.ohio.gov) A service fee will apply.	By Fax: (614) 308-5173 By E-mail: InsuranceProof@dps.ohio.gov	For questions or additional information: Please visit: www.bmv.ohio.gov Or call: Toll Free: (844) 644-6268 or (614) 752-7500
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