

**MOTOR VEHICLE ACCIDENT LIABILITY INSURANCE COVERAGE FORM**

<b>DIVISION/OFFICE</b> _____
<b>NAME</b> _____ (LAST) (FIRST) (MI)
<b>ADDRESS</b> _____ (STREET) (CITY) (STATE) (ZIP)
<b>DATE OF BIRTH</b> _____
<b>SOCIAL SECURITY NUMBER</b> _____
<b>DRIVER'S LICENSE NUMBER</b> _____
<b>DATE OF HIRE</b> _____
<b>ENDING DATE</b> _____
<b>POSITION</b> _____

COMPLETE AND RETURN TO:

**OHIO DEPARTMENT OF NATURAL RESOURCES  
1930 BELCHER DRIVE  
BUILDING D-I  
COLUMBUS, OH 43224**