

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 20, 2023

Name: Michael Greene

Organization (If Applicable): Ohio Board of Motor Vehicle Repair

Position/title: Executive Director

Address: 77 South High Street

City: Columbus State: OH Zip: 43215

Telephone: 6149950714

Email: mike.greene@crb.ohio.gov

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 33
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes X No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 5 Minutes

- *Committee Chair may limit testimony in the interest of time*