

ATTEMPT	CLASS	PASS	FAIL	NA	INC	CERT	EMP. NO.	EMP. INIT.	
V.P.									VP
V.A.									VA
BASIC									BA
CLASS									CL
MCY.									MC
DRIVE									DR
DRIVE									DR
KNOWLEDGE									KN
COMBINATION									CO
AIR BRAKE									AB
DOUB./TRIP									DT
PASSENGER									PA
TANKER									TA
HAZ.MAT.									HM
SCH/BUS									SB
PRE-TRIP									PT
SKILLS									SK
ROAD									RO
CHARTER BUS									CB

ORAL EXAM REASON _____ FILE UPDATE BY _____

DRIVE(S):	VEH. SAFETY INSP. - 1)	PASS	FAIL	2)	PASS	FAIL	IF FAIL:	POINTS	1	2
CLASS	<u>1</u>	<u>2</u>	PASS	<u>1</u>	<u>2</u>		DANG. ACTION	_____	_____	_____
PLATE	_____	_____	FAIL	_____	_____		LACK OF COOP.	_____	_____	_____
STATE	_____	_____	POINTS	_____	_____		VIOLATION	_____	_____	_____
YEAR	_____	_____		_____	_____		ACCIDENT	_____	_____	_____
MAKE	_____	_____		_____	_____		OTHER	_____	_____	_____
CCS	_____	_____		_____	_____			_____	_____	_____

Examiner Result Verification Signature/Number _____

NOTICE OF REQUIREMENT TO REGISTER

The Secretary of State is required to provide notice to the following persons of their duty to register under the Sex Offender Registration Act: Those convicted of any felony as defined by Section 2 of the Sex Offender Registration Act [730 ILCS 150/2].

NOTICE TO MALES AGES 18 TO 25: In accordance with P.A. 92-0117, your signature on this application certifies that you have already registered with the Selective Services System or authorizes the Secretary of State to transmit your registration information to the Selective Services System for the purposes of registration, if so required by law.

MOTOR VOTER STATEMENT

I affirm that I was asked if I would like to apply to register to vote or update my voter registration address/name and I declined.

I affirm that no changes were required to my current voter registration address/name

Applicant Signature _____

Employee Signature _____

I am going to ask you the following questions, which require a "yes" or "no" response.

1. Is your driver's license or ID card or privilege to obtain a license or ID card suspended, revoked, cancelled or refused in any state under this or any other name? (If yes, a letter of clearance is required.) _____
2. Do you presently hold a valid driver's license or ID card in this or any other state? _____
3. Is your driver's license being held by a court in lieu of bail? _____
4. If you are under age 18 and this is your initial application for a Graduated Drivers License, have you been issued any citation for which a disposition has not yet been rendered by a court of law? _____
5. Are you currently under a court order of guardianship? (If yes, a medical report is required.) _____
6. Do you have any condition that might cause a temporary loss of consciousness? (If yes, a physician's statement and a signed medical agreement are required.) _____
7. Do you have any mental or physical condition that might interfere with safe driving? (If yes, a physician's statement and a signed medical agreement are required.) _____
8. Do you use any drugs, including prescription medication, or alcohol to an extent that they impair your driving ability or has a court committed you to a mental health facility within the last four years? (If yes, a medical report is required.) _____
9. Are your Commercial Driver's License privileges currently disqualified or subject to an out-of-service order? _____
10. Do you certify that you meet all the "Qualifications of Driver's" portion of Part 391 of the Federal Motor Carrier Safety Regulations and operate in non-excepted interstate commerce? Yes No NI
No, I am not subject to the qualifications as I will operate in the following type of commerce: EI EA NA

I understand that my Social Security Number will be disclosed to other states pursuant to the Commercial Motor Vehicle Act of 1986 (applies only to CDL applicants).

DISCLOSURE STATEMENT

Under penalties of perjury, I swear or affirm that all information contained in and submitted with this application is true and correct and no fictitious documents have been presented. That I have declined to register to vote will remain confidential and will be used only for voter registration purposes. I acknowledge that disclosure of my social security number is mandatory pursuant to 625 ILCS 5/6-106 or 15 ILCS 335/5 and will be verified with the Social Security Administration and that it may be re-disclosed as provided in 625 ILCS 5/2-123, including to other governmental agencies.

Applicant Signature _____

Employee Signature/Number _____

