

APPLICATION FOR \_\_\_\_\_

FULL NAME							
RESIDENTIAL ADDRESS							
CITY OR TOWN						ZIP CODE	
COUNTY	SOCIAL SECURITY NO.	HEIGHT FT.   IN.	WEIGHT	COLOR HAIR	COLOR EYES	SEX	DATE OF BIRTH MO.   DAY   YR.
T/A	T/L	CDL	NON-CDL	REASON	CLASS	ENDORS.	
RESTRICTIONS NONE <input type="checkbox"/>							

COMPUTED DL/ID NUMBER	<b>M</b>	SCHOOL CODE	EXPIRATION DATE
	DONOR		
	<b>M</b>		

VISION:		MOTOR VOTER	
WITH GLASSES	BOTH	RIGHT	LEFT
WITHOUT GLASSES	BOTH	RIGHT	LEFT
PERIPHERAL FIELD	BOTH	RIGHT	LEFT
NASAL READING			
TOTAL			

ATTEMPT	CLASS	PASS	FAIL	NA
V.P.				
V.A.				
BASIC				
DRIVE				
MCY.				
DRIVE				

INSTRUCTOR'S INITIALS
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DO YOU WEAR: GLASSES  TELE. LENSES   
 CONTACT LENSES: RIGHT  LEFT   
 HEARING AID

ATTACHMENTS:

VSR	<input type="checkbox"/>
MED/PSYCH	<input type="checkbox"/>
TVDL DOCS. OTHER	<input type="checkbox"/>

FILE UPDATED BY
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**UNMARRIED PERSON UNDER AGE 18**  
**SIGNATURE of father, mother, guardian or other responsible adult:**

\_\_\_\_\_  
 Signature Relationship

I hereby give my written consent to the Secretary of State for the issuance of a driver's license to the person named on this application, and certify that the named minor is not a truant or a dropout.

**FOR DRIVER EDUCATION STUDENTS ONLY**

\_\_\_\_\_ is a student of \_\_\_\_\_ School, \_\_\_\_\_ Illinois, and is enrolled in the Driver Education Class. \_\_\_\_\_  
 Signature of Instructor

VALIDATE ABOVE THIS LINE

**APPLICANT QUESTIONS**

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.) yes/no \_\_\_\_\_
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. Are you currently under a court order of guardianship? (If yes, a medical report is required.) \_\_\_\_\_
5. 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.) \_\_\_\_\_
6. 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.) \_\_\_\_\_
7. 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.) \_\_\_\_\_

**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.

**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. 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. If I am making application for a Temporary Visitor's Drivers License, I further swear or affirm that at the time of application I am not eligible to obtain a social security number.*

\_\_\_\_\_  
 Applicant Signature Employee Signature/Number

FACILITY NO.

FACILITY NAME