



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING/CDL DIVISION

www.cyberdriveillinois.com

**Application for
CDL THIRD-PARTY CERTIFICATION
PROGRAM SAFETY OFFICER LICENSE**
(Please Print or Type)

Applicant's Name _____

Home Address _____ Home Phone Number _____

City _____ State _____ ZIP _____ Driver's License # _____

Name of Third-Party Certification Entity for Which You Will Test _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email Address _____

Questions

1. Have you ever been convicted of driving while under the influence of alcohol, other drugs or a combination thereof; leaving the scene of an accident; or reckless homicide or reckless driving? ___Yes ___No
2. Have you ever received a suspension for repeated involvement as a driver in a motor vehicle collision or for a violation of the Implied Consent Provision, received a Statutory Summary Suspension or had repeated convictions of traffic offenses? ___Yes ___No
3. Have you ever been convicted of felony? ___Yes ___No
4. Have you ever been convicted of a misdemeanor involving fraudulent activity? ___Yes ___No
5. Has your license to drive in Illinois or any other state ever been denied, canceled, suspended or revoked? ___Yes ___No
6. Has your Third-Party Certification Program Safety Officer License ever been denied, canceled, suspended or revoked? ___Yes ___No
7. Are you currently employed by a commercial driver training school? ___Yes ___No

Explanations of the previous questions answered "yes."

THIS PORTION MUST BE COMPLETED BY THE APPLICANT

I intend to skills test employees or members in the following classifications:

Class A ___ Class B ___ Class C ___

I intend to skills test employees or members in the following classifications:

Passenger ___ School Bus ___

I intend to skills test employees or members in order to remove the following restrictions:

No Air Brake (L)___ No Full-Air Brake (Z)___ No Tractor-Trailer (O)___ No Manual Transmission (E)___

The applicant undertakes and agrees that:

1. If he/she terminates employment with the third-party certification entity listed herein, he/she will surrender his/her license to test for said third-party certification entity.
2. If he/she becomes employed by another third-party certification entity, he/she will make application for a new safety officer license for said third-party certification entity.

Under penalty of perjury, I, swear and affirm that I have read the foregoing application, and I am familiar with all its contents, and believe that all answers contained therein are true in substance and in fact.

Applicant's Signature: _____ Date: _____

This application must be signed by an authorized official of the third-party certification entity.

Print Name: _____

Signature: _____

Title: _____

Date: _____