

A GUIDE TO SERVICES

Serving Senior Citizens, Persons With Disabilities and Veterans



SENIOR CITIZENS



PERSONS WITH
DISABILITIES



VETERANS

JESSE WHITE
SECRETARY OF STATE



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State



Dear Friends:

Senior citizens, veterans and persons with disabilities face many obstacles today. Rising medical costs, higher insurance rates and physical disabilities sometimes can make everyday living a challenge.

As Secretary of State, I am dedicated to providing programs and services that meet the special needs of Illinois' senior citizens, veterans and persons with disabilities. This guide details various programs and services available through my office. License plate and liability insurance discounts, free Rules of the Road Review Courses and special parking privileges are just a few of the programs that can make your life a little easier.

Serving the people of Illinois is my top priority. For more information on any of the programs or services in this guide, please call 312-814-3676 or 888-261-5238 (TTY, NexTalk), or visit www.cyberdriveillinois.com. I look forward to serving you.

Jesse White

Jesse White
Secretary of State

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Rules of the Road Review Course

The Rules of the Road Review Course is designed to give drivers — especially senior citizens and persons with disabilities — the knowledge and confidence needed to renew or obtain a driver's license. The review course combines an explanation of the driving exam with a practice written exam. To locate a free course in your area, please call **312-814-3676** or visit **www.cyberdriveillinois.com**.

Super Seniors Program/Mobile Driver Services Facility

Super Seniors is a convenient, voluntary program for driver's license renewal, which includes Rules of the Road classroom instruction and a vision screening exam. The Rules of the Road Review Course also includes a review of safe driving techniques and Illinois driving laws. Following the course, participants may take the vision screening exam required to obtain or renew a driver's license. This vision screening is valid for up to 90 days for driver's license renewal.

A Secretary of State Mobile Driver Services Unit is available for participants to renew their driver's licenses. A state photo ID card also may be obtained for a \$20 fee. **If you are age 65 or over, you may obtain a free, one-time, non-expiring state ID card.** Drivers age 75 and over must take a driving test at a Driver Services facility to renew their driver's licenses.

To locate a Super Seniors event in your area, please call **312-814-3676 or 217-782-9601** or visit **www.cyberdriveillinois.com** (click Services, For Seniors, Super Seniors).

Driver's License Information

APPLICATION — To apply for or renew an Illinois driver's license, you must present acceptable identification that verifies your name, date of birth, Illinois residency, Social Security number and signature. A list of acceptable documents is on page 15.

MEDICAL CONDITION — To be a safe driver, you should be in good physical and mental health. When applying for an Illinois driver's license, all motorists are asked a series of questions about physical and mental health. You may be required to have your physician sign a Medical Report before a license will be issued. For your convenience, a Medical Report form is provided on pages 18-19.

DRIVER'S LICENSE EXAM — A driver must complete a written examination at least **once every eight years**, with the exception of those having no record of traffic convictions or accidents since last renewal. Drivers age 75 and over are required to take a driving test each time they renew their licenses.

The driver's license exam consists of a vision screening, written exam and a driving test. Applicants who do not pass the vision screening may be instructed to visit a licensed optometrist, ophthalmologist or physician who can provide a more thorough assessment of their vision. In such cases, a Vision Specialist Report is required (see pages 20-21).

RENEWAL — As a courtesy of the Secretary of State, early renewal notices are sent to those whose birthdays fall during the winter months so they can renew their driver's licenses before bad weather hits. All licenses may be renewed within one year prior to expiration until age 87. Seniors age 87 and over may only renew their licenses six months in advance.

DRIVER SERVICES FACILITIES — Generally, the busiest hours at Secretary of State facilities are lunch hours and late afternoons. You may wish to avoid these peak hours when renewing your driver's license. To locate a facility near you, see listing on page 27 or visit www.cyberdriveillinois.com.

Keep Me in a Safe Seat

Your child or grandchild deserves the very best protection while riding in your vehicle. The best child safety seat is one that fits the child and the vehicle, and is used correctly every time.

The Secretary of State's office provides child safety seat inspections at several Driver Services facilities throughout the state. Please visit one of these fitting stations to ensure that your child or grandchild's seat is properly installed and meets federal guidelines for the child's height and weight. For more information or to schedule a child safety seat inspection, please call **866-247-0213** or visit www.cyberdriveillinois.com.

Automobile Liability Insurance Discount Program

Completion of an eight-hour Motor Vehicle Accident Prevention Course, administered by the AARP or the National Safety Council and certified by the Secretary of State, allows drivers age 55 and over to be eligible for a discount on their liability insurance premiums. For more information or to locate a course in your area, contact AARP at **888-227-7669**, www.aarp.org, or the NSC at **800-621-6244**, www.nsc.org/training.

Completion of the Rules of the Road Review Course provided by the Secretary of State's office **does not** qualify a participant for an automobile liability insurance discount. Contact your insurance agent for more information on automobile insurance discounts.

Mandatory Vehicle Insurance

Illinois law requires all motor vehicles registered and operated in Illinois to be covered by liability insurance, which covers property damage and/or injuries you may cause others in an accident. You are in compliance with the law if you have liability insurance in the following minimum amounts:

- \$20,000 for injury or death of one person in an accident.
- \$40,000 for injury or death of more than one person in an accident.
- \$15,000 for damage to property of another person.

You must carry your insurance card in your vehicle and show it upon request by any law enforcement officer. Compliance with the law is monitored through random computer checks and traffic tickets.

You face the following fines if arrested and convicted:

- Minimum \$500 fine for driving uninsured.
- Minimum \$1,000 fine for driving a vehicle while the registration is suspended for no insurance.

The vehicle registration of first-time offenders is suspended until a \$100 reinstatement fee and evidence of insurance are submitted. Repeat offenders must serve a four-month registration suspension, pay a \$100 reinstatement fee and provide evidence of insurance.

For more information, please contact:

Secretary of State
Mandatory Insurance Division
501 S. Second St., Rm. 429
Springfield, IL 62756
217-524-4946

Reduced-Fee License Plates

Senior citizens and persons with disabilities who qualify for the Illinois Department on Aging's Benefit Access Program are eligible for reduced-fee license plates through the Secretary of State's office. Every January, the Secretary of State's office mails license plate discount cards to everyone approved for a Benefit Access grant the previous year. Complete the discount card and return it with your vehicle registration form at renewal time. This discount may be applied to various types of plates, including those for passenger vehicles, B-trucks, recreational vehicles, Persons with Disabilities and various military plates. Eligible individuals will receive a discount upon approval from the Illinois Department of Aging.

For more information or an application for the Benefit Access Program, please contact:

Illinois Department on Aging
Benefit Access Program
One Natural Resources Way, Ste. 100
Springfield, IL 62702-1271
800-252-8966 • 888-206-1327 (TTY)
www.cyberdriveillinois.com and click on Services for Seniors.

Parking Program for Persons with Disabilities

The Secretary of State issues parking placards and license plates to those who qualify under the Illinois Vehicle Code's definition of persons with disabilities and the Illinois Identification Card Act.

Persons with Disabilities License Plates

A person with a permanent disability may obtain Persons with Disabilities plates if his/her name appears on the vehicle title as owner or joint owner. An immediate family member residing in the same household may obtain one set of plates if the qualifying person with disabilities does not own a vehicle and must rely on someone else for transportation. If a person with disabilities does not



meet these criteria, he/she may only be eligible for a permanent parking placard. Corporations, school districts and special education cooperatives that transport persons with disabilities are eligible for disability plates; however, if the corporation transports passengers for compensation, these plates are not allowed.

Disability license plates allow the authorized holder to park in spaces reserved for persons with disabilities, such as at malls, grocery stores, etc., and DO NOT exempt the authorized holder from the payment of parking meter

fees and time limitations at parking meters unless the authorized holder displays a Meter-Exempt Placard.

Parking placards and disability license plates are not transferable. The authorized holder must be present and must enter or exit the vehicle at the time the parking privileges are being used. Unauthorized use can result in a \$500 fine as well as a driver's license suspension and/or revocation of the placard or plates.

Parking Placards

The Secretary of State issues four types of parking placards free to persons with disabilities:

METER-EXEMPT PERMANENT



Placards are **YELLOW-AND-GRAY STRIPED** and issued to persons with a permanent disability. Holders are exempt from paying parking meter fees. The placard expires in 2018 of the month punched.

PERMANENT



Placards are **BLUE** and issued to persons with permanent disabilities. Holders are **NOT** exempt from paying parking meter fees. The placard expires on the holder's birth-date in 2018.

TEMPORARY



Placards are **RED** and valid for the length of time indicated by the certifying physician, not to exceed six months if issued by the Secretary of State and 90 days if issued by a local municipality.

ORGANIZATION



Placards are **GREEN** and issued to organizations that transport persons with disabilities. The placard expires in April 2018.

Because a parking placard is issued to the authorized holder and not to a vehicle, it may be used in any vehicle in which the holder is driving or is a passenger. When parked, the placard must be properly displayed in one of the following locations so it is clearly visible to law enforcement:

- Hanging from the rearview mirror, or
- Placed on the dashboard

Failure to properly display a parking placard may result in a ticket. The placard should be removed before the vehicle is in motion to prevent damage or excessive exposure to sun. Also, the placard can obstruct the driver's view if left hanging from the mirror.

A Persons with Disabilities Certification for Parking Placard/License Plates form is on pages 22-23. A licensed physician must certify on the application that the applicant has one of the qualifying disabilities. Forms also are available at www.cyberdriveillinois.com, at your local Driver Services facility or by contacting:

Secretary of State
 Persons with Disabilities License Plates/Placard Unit
 501 S. Second St., Rm. 541
 Springfield, IL 62756
 217-782-2285

Military License Plates

In recognition of those who have served our country, the Secretary of State offers several military service license plates. Military plates may be displayed on passenger vehicles and trucks and vans weighing 8,000 pounds or less. Titles, transfers, duplicate registration cards and replacement license plates are subject to standard fees.

Documentation verifying military status or receipt of medal is required for most military plates. Documentation may include DD Form 214, DD Form 2, separation papers, Veterans Administration award letter or other military documents verifying service record. All military plate applications will be verified with the Department of Veterans' Affairs before plates are issued.

Afghanistan Campaign



Air Force



Armed Forces Reserves



Army Veteran



Bronze Star



Congressional Medal of Honor



Disabled Veteran



Ex-Prisoner of War



Gold Star



Illinois National Guard



Iraq Campaign



Korean Service Defense



Korean War Veteran



Marine Corps



Navy Veteran



Paratrooper



Pearl Harbor Survivor



POW/MIA



Purple Heart



Purple Heart Motorcycle



Retired Armed Forces



Service Cross



Silver Star



Universal Veteran



Universal Veteran Motorcycle



Vietnam Veteran



West Point Bicentennial



Women Veterans



World War II Veteran



Fees for military plates vary. For more information on fees for specific military plate categories, please contact the Secretary of State's Vehicle Services Department at the number below or visit www.cyberdriveillinois.com (click Pick-a-Plate).

**Illinois Secretary of State
Vehicle Services Department
Special Plates Division**

501 S. Second St., Rm. 541, Springfield, IL 62756 217-785-4175

Illinois Department of Veterans' Affairs

833 S. Spring St., Springfield, IL 62794-9432 217-782-3418

Veterans Administration Regional Office

536 S. Clark St., Chicago, IL 60605 800-827-1000

National Personnel Records Center

9700 Page Blvd., St. Louis, MO 63132 866-272-6272

Illinois Court of Claims

The Clerk's Office of the Illinois Court of Claims under the Secretary of State assists with administration of the Crime Victims Compensation Act. The Act provides financial compensation to innocent victims of violent crime. This program can be a financial lifesaver for elderly victims of violent crimes and their families who may not have the resources to cover the expenses incurred. Victims may be eligible for reimbursement of hospital and doctor bills, rehabilitation, and funeral and burial expenses. Replacement of eyeglasses, hearing aids and wheelchair ramps also may be covered.

For more information about crime victim services and assistance with filing an application, please call **217-782-7101** or **800-228-3368**. Applications also are available at your local library or at www.cyberdriveillinois.com.

Illinois Veterans' History Project

The Illinois Veterans' History Project creates a permanent record of the names and stories of Illinois war veterans and civilians — past and present — who have served our country so their contributions will not be forgotten. To participate in the Illinois Veterans' History Project, veterans or family members can complete an Illinois Patriots Information form at www.cyberdriveillinois.com. The form also is available at Driver Services facilities and public libraries statewide.

Participants also may submit an oral recorded history that will be placed in the Illinois Digital Archives (www.idaillinois.org) and the Library of Congress Veterans History Project (www.loc.gov/vets/). For information about conducting an oral interview, please call **217-785-1537**.

Sign Language Interpreter Service

A sign language interpreter is provided by the Secretary of State in compliance with the Americans with Disabilities Act for those who may need communication assistance when applying for a driver's license or state ID card at a Driver Services facility. To schedule an interpreter, please call **312-814-5683** or **888-261-5238** (TTY, NexTalk).

“J88” — Deaf/Hard of Hearing Driver's License

“J88” is a notation on a driver's license that alerts law enforcement officers before approaching a vehicle that a motorist is deaf or hard of hearing. Following is how the “J88” notation works:

- Request the “J88” notation be added to your driver's license at any Secretary of State Driver Services facility. “J88” will appear on both the front and back of your driver's license.
- Include your driver's license number on your vehicle registration renewal. This will allow law enforcement to access your driving record before approaching your vehicle and provide notice that alternative communication is necessary.
- **You must request the “J88” notation. Secretary of State personnel will not ask you to add the notation on your driver's license.**

Talking Book and Braille Service

The Illinois State Library's Talking Book and Braille Service (TBBS) offers a variety of services to print-impaired patrons through the following Talking Book Centers: TBBS, Springfield; Illinois Talking Book Outreach Center and the Chicago Public Library Talking Book Center. Participants may choose from a collection of more than 400,000 items, ranging from audio books and braille materials to descriptive videos and magazines.

For more information or to register, call **800-665-5576, ext. 1**, or visit **www.ilbph.org** (**click Services, Illinois State Library**).

Community Service Presentations

The Secretary of State's office coordinates free presentations for community groups, schools, businesses and other organizations throughout the state on the various programs administered by the office. Following are some of the available topics:

Services Overview

This presentation provides a brief overview of each department in the Secretary of State's office, with an emphasis on programs and services of particular interest to seniors, persons with disabilities and/or veterans. For more information, please call **312-814-3676**.

Persons with Disabilities Programs

Outlines the programs, services and publications available for persons with disabilities, including free Persons with Disabilities photo ID cards, disability awareness presentations, the parking program for Persons with Disabilities and reduced-fee license plates. For more information, please call the Vehicle Services Department at **217-782-7758**.

“Life Goes On” Organ/Tissue Donor Program

Illinois residents age 18 and over are invited to join the Illinois Organ/Tissue Donor Registry by visiting **LifeGoesOn.com**, calling **800-210-2106**, completing and mailing a registration card or by visiting a Driver Services facility. Speakers and information on organ/tissue donation may be obtained by calling the Secretary of State's Organ/Tissue Donor Program at **800-210-2106**.

The registry makes a person's decision regarding donation legally binding. Additional witnesses or family consent is not required. If you registered prior to January 2006, you must re-register to ensure that your wishes to be a donor are honored.

Illinois Securities Department

The Securities Department provides programs on investment fraud, how to spot a scam and how to avoid being defrauded. Please contact the Securities Department's Investor Education Division at **800-628-7937** to schedule a presentation.

Illinois State Library

Senior citizens are eligible for a free Illinois State Library card if they have a valid public library card or are a retired state government employee. The State Library also has computers with free internet access and free wireless access for those with laptop computers and other electronic services. The library collects federal and state government publications and houses more than 187,000 maps. Special services for patent and trademark researchers also are available. For more information, please call **800-665-5576**.

Adult Literacy Services

The Illinois State Library's Literacy Office administers grants and offers referral services to adults and families who have difficulty reading, who want to learn English or would want to improve their reading, writing and/or math skills. Volunteer adult tutors provide instructional services. For more information on obtaining literacy services or to inquire about becoming an adult volunteer tutor, please call the Illinois Adult Learning Hotline at **800-321-9511**.

State of Illinois Toll-Free Numbers

- A -

AARP Driver Safety Program	888-227-7669
Adoption Information Center of Illinois	800-624-5437
Amtrak	800-872-7245
Arson Hotline	800-252-2947
Arts Council, Illinois	800-237-6994

- C -

Child Abuse and Neglect (DCFS)	800-252-2873
Constituent Services	217-558-2200
Citizens Utility Board (CUB)	800-669-5556
Client Assistance Program	800-641-3929
Commerce and Economic Opportunity Illinois Entrepreneurship Network	800-252-2923
Consumer Protection, Attorney General Springfield	800-243-0618
Chicago	800-243-5377
Crime Victim Clearinghouse, Attorney General	800-228-3368

- D -

Drug and Alcohol Abuse	800-662-4357
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- E -

Emergency Management Agency, Illinois	800-782-7860
Employment Security, Illinois Unemployment Insurance Tax Hotline	800-247-4984
Problem Resolution	800-247-4984
Energy Assistance and Weatherization	877-411-9276

- F -

Flood Insurance	800-638-6620
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- H -

Hearing-Impaired Phone Access Relay Department for Deaf and Hearing	800-526-0844
Voice users	800-526-0857
TTY distributor or amplified phones	800-833-0048
Housing Authority, Illinois	312-836-5200
Human Services Helpline, Illinois Cash Assistance, Food Stamps, Medical Assistance, Child Care Assistance, Fraud or Abuse, Mental Health, Persons with Disabilities, Services for Women, Infants & Children	800-843-6154/800-447-6404 (TTY)
Help Me Grow — Futures for Kids	800-323-4769

- I -

IDOT Vehicle Safety Hotline 800-424-9393

- L -

Legislative Information (NO 800 Number) 217-782-2050 (TTY) / 217-7823944

Lottery Information 800-252-1775

- M -

Missing Children — “I-Search” (Illinois) 800-843-5763

Motorcycle Safety Project — Illinois State University 800-322-7619

- N -

National Cancer Institute 800-422-6237

National Safety Council 800-621-7619

Nursing Home Information and Abuse 800-252-4343

- P -

Poacher, To Report 800-252-0163

Poison Control (Statewide) 800-942-5969

- S -

Secretary of State’s Office (General Information) 800-252-8980

 Literacy Hotline 800-321-9511

 “Life Goes On” Organ/Tissue Donor Hotline 800-210-2106

 Securities Department 800-628-7937

 State Library 800-665-5576

Senior Citizens Hotlines (Statewide)

 Aging, Senior Assistance and Elder Abuse Hotline 800-252-8966

 Attorney General, Consumer Fraud Hotline

 Springfield 800-243-0618

 Chicago 800-243-5377

- T -

Taxpayer Assistance (State) 800-732-8866

Toll-Free Directory Assistance 800-555-1212

Tourism, Illinois 800-226-6632

Transportation, Overweight Permits 800-252-8636

- U -

U.S. Department of Health and Human Services / Office of Inspector General (OIG) . 800-447-8477

University Admissions Information

 Eastern Illinois University 877-581-2348

 Illinois State University 800-366-2478

 Northern Illinois University 800-892-3050

 Southern Illinois University at Edwardsville 800-447-7483

 University of Illinois at Springfield 800-252-8533

 Western Illinois University 877-742-5948

- V -

Veterans’ Affairs 800-827-1000

Driver's License/ID Card Fees

Driver's License/Permit

Instruction Permit	\$20
Driver's License, ages 18-20.....	\$5
Driver's License, ages 21-68.....	\$30
Driver's License, ages 69-80.....	\$5
Driver's License, ages 81-86.....	\$2
Driver's License, age 87 and older.....	Free
Temporary Visitor Driver's License	\$30
New Classification added; not at time of renewal (except CDL)	\$5
School Bus Permit	\$4

Note: In addition to the regular driver's license fee, an applicant will pay an additional \$5 fee to add/renew an M or L classification to his/her driver's license.

State ID Card

State ID Card, under age 18	\$10
State ID Card, ages 18-64.....	\$20
State ID Card, age 65 and older; Persons with Disabilities.....	Free

Duplicate/Corrected Driver's License/Permit

Duplicate/Corrected Driver's License/Permit	\$5
Duplicate/Corrected Temporary Visitor Driver's License	\$5
Duplicate Driver's License/Permit, under age 60 (license was stolen, full police report required).....	Free
Duplicate Driver's License/Permit, age 60 and older (license was lost/stolen).....	Free

Duplicate/Corrected State ID Card

Duplicate State ID Card, under age 18	\$10
Duplicate State ID Card, ages 18-64	\$20
Duplicate State ID Card, (ID card was stolen, full police report required).....	Free
Duplicate State ID Card, age 60 and older (ID card was lost/stolen).....	Free
Corrected State ID Card, under age 18.....	\$5
Corrected State ID Card, ages 18-64	\$10
Corrected State ID Card, age 65 and older	Free

Active Members of the Armed Services (also spouses/children residing at home)

Duplicate License/Permit/State ID Card	Free
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NOTE: In addition to the appropriate license fee, a \$5 fee will be added for any applicant renewing/adding an M or L classification.

For up-to-date fee information, please visit www.cyberdriveillinois.com.

ACCEPTABLE IDENTIFICATION DOCUMENTS

PHOTOCOPIES ARE NOT ACCEPTED

All acceptable documents presented for verification or proof must be valid (current and not expired). One document may satisfy more than one Group.

Group A — Written Signature

- Canceled Check (within 90 days prior to application)
- CDTF Certification Form
- Court Order
- Credit Card/Debit Card (major brand)
- Driver Education Certificate
- Government Driver's License
- Government ID Card (current)
- Illinois Driver's License (current)
- Illinois ID Card (current)
- Medicare Card with suffix A, J, H, M or T
- Military Service Record (DD214)
- Mortgage or Installment Loan Documents
- Out-of-State Driver's License/ID Card (current)
- Passport (valid U.S. or foreign)
- Social Security Card
- Temporary DL/CLP/ID Card
- U.S. Citizenship and Immigration Services (USCIS) Forms — I-551 (Alien Registration Card); I-766 (Employment Authorization Card); I-94 (Arrival/Departure Record) with Valid Passport
- U.S. Military Driver's License/ID Card

Acceptable major brand credit cards (for signature verification only) include American Express, Diners Club, Discover, Master Card and Visa.

Group B — Date of Birth

- Adoption Records
- Birth Certificate
- Court Order (Change of birth date)
- Certified Grade/High School/College/University Transcript
- Illinois Driver's License (current)
- Illinois ID Card (current)
- Military Service Record (DD214)
- Naturalization Certificate
- Passport (valid with complete date of birth)
- Social Security Award Letter (primary beneficiary only)
- U.S. Citizenship and Immigration Services (USCIS) Forms — I-551 (Alien Registration Card); I-571 (Refugee Travel Document); I-766 (Employment Authorization Card); I-797A (Notice of Action Status Change); I-94 (Arrival/Departure Record) with Valid Passport
- U.S. Military Driver's License/ID Card
- U.S. Passport Card (valid with complete date of birth)
- U.S. Visa

Group B documents must contain the applicant's full name and complete date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the document.

Birth Certificates must be original or certified by a Board of Health or Bureau of Vital Statistics within the U.S. or by the U.S. State Department, U.S. territories or Canada. A certified copy is a document produced by the issuing jurisdiction which has an embossed seal or an original stamped impression. Foreign passports and foreign birth certificates are accepted as proof if accompanied by any other item in Group B.

Group C — Social Security Number

- Illinois Driver's License Record
- Illinois ID Card Record
- Military Service Record (DD214)
- Social Security Award Letter (primary beneficiary only)
- Social Security Card (issued by SSA)
- U.S. Military Driver's License/ID Card

Group C documents must contain the applicant's name and full Social Security Number. If using an Illinois driver's license or ID record, the Social Security Number must have been previously verified with the SSA.

An applicant applying for a Temporary Visitor Driver's License is not required to present documents from Group C. Instead, the applicant must sign a declaration on the TVDL application that the applicant is, at the time of application, ineligible to obtain a Social Security number.

Group D — Residency

- Official Electronic Statement (dated within 90 days prior to application)
- Bank Statement (dated within 90 days prior to application)
- Canceled Check (dated within 90 days prior to application)
- Certified Grade/High School/College/University Transcript
- Credit Report (issued by Experian, Equifax or TransUnion, dated within 12 months of application)
- Deed/Title, Mortgage, Rental/Lease agreement
- Insurance Policy (homeowner's or renter's)
- Letter on Official School Letterhead (dated within 90 days prior to application)
- Medical Claim or Statement of Benefits (from private insurance company or public (government) agency, dated within 90 days of application)
- Official mail received from a State, County, City or Village or a Federal Government agency (must include first and last name of applicant and complete current address), may include — Homestead Exemption Receipt; Jury Duty Notice (issued within 90 days of application); Selective Service Card; Social Security Annual Statement; Social Security Disability Insurance Statement; Supplemental Security Income Benefits Statement; Voter Registration Card
- Pay Stub or Electronic Deposit Receipt
- Pension or Retirement Statement
- Phone Book, produced by a phone book publisher
- Report Card from Grade/High School or College/University
- Tuition invoice/official mail from college or university, dated within the 12 months prior to application
- Utility Bill (electric, water, refuse, telephone land/cell, cable or gas, issued within 90 days of application)

Group D documents must contain the applicant's full name and residence address. Documents in Groups A, B or C, that contain the full name and residence address also may be used for Group D.

After review of all identification presented, Secretary of State management has the right to accept or refuse any document.

Both lists — acceptable and unacceptable — are subject to change.

Unacceptable Documents

- | | | | |
|---|--|------------------------------------|--|
| • Bond Receipt or Bail/Bond Card | • Concealed Carry Card | • Hunting License | • Unlicensed Financial Institution Loan Papers |
| • Business Card | • DHS Card or documents (Department of Human Services) | • Illinois FOID Card | • Vehicle Registration |
| • Check Cashing Card | • Fishing License | • Instruction Permit/Receipt | • Video Club Membership Card |
| • Club/Fraternal Membership Card | • HFS Card (Healthcare and Family Services) | • Insurance Card | • Wallet ID |
| • College or University ID Card | • Handwritten ID/Employment Card | • Library Card | |
| • Commercially produced (non-State or unofficial) ID Card | | • Personal Mail | |
| | | • Traffic Citation (Arrest Ticket) | |



Secretary of State
Notice of Address Change
 Commercial Driver's License Holders May Not Use
 This Form for Driver's License Changes

This space for use by
 Secretary of State

Secretary of State
Vehicle Services Department
501 S. Second St.
Springfield, IL 62756
217-782-6306
www.cyberdriveillinois.com

Yes No **I am on active duty in the military.**
 Yes No **I am a student in good standing at a school in a state other than Illinois.**

Driver Services Department

Date _____

You are required to notify the Secretary of State in writing of any change of address within 10 days. Complete this form and return it to any Driver Services Facility or mail the completed form to the address shown on the front. You will NOT receive a new Driver's License or Photo ID when using this form. To obtain a corrected Driver's License or ID Card, please submit the correct application and fee at any Driver Services facility.

To Change: License Plate Registration Address Only Driver's License /Photo ID
 Do you require a voter's registration packet? Yes No

Important Notice: If you answer yes, a registration packet will be mailed to you. When you complete the form, mail it to your local election authority, which will process your application and mail you a voter's registration card. If you apply to vote within 30 days of an election, your local election authority will be unable to process your request, and you will not be eligible to vote in that election.

Please Type or Use Ballpoint Pen					
Change from: Name(s), First, Middle, Last			Change to: Name(s), First, Middle, Last		
*Street address			Street address		
City	State	ZIP	City	State	ZIP
County	Date of Birth	Sex	County		
Current Driver's license or photo ID Number(s)					

*Required by the Driver Services Department if residence is in a city with a population over 3,500. Otherwise, a post office box is acceptable.

License Plate Number	Expiration Date	Vehicle Identification Number	Vehicle Year & Make

A change of address on the registration does not require a change of address on the title.

A change of name will require the title to be corrected. please indicate the number of corrected title/registrations forms you will require:

- Corrected Title Applications(s)
- Corrected Registration Applications(s)

PLACE

PLACE

(Fold this flap down last)



*Place 1st
Class
Stamp
Here*

JESSE WHITE
SECRETARY OF STATE
VSD LICENSE CORRECTION SECTION
501 S. SECOND ST.
SPRINGFIELD, IL 62756-0001



(First Fold)

TAPE
HERE

TAPE
HERE



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

DRIVER ANALYSIS DIVISION
2701 S. DIRKSEN PARKWAY
SPRINGFIELD, IL 62723
217-782-7246
www.cyberdriveillinois.com

Medical Report

Per 625 ILCS 5/6-908 of the Driver's License Medical Review Law and 625 ILCS 5/2-123(j), all medical statements or reports received by the Secretary of State shall be confidential. This information will be disclosed only as authorized by the above-referenced statutes as now or hereafter amended.

SECTION I — To be Completed by Driver (Please print or type)

Pursuant to 92 Illinois Administrative Code 1030.16, please complete the following information and sign the medical agreement as a condition of licensure.

Name _____ Driver's License Number _____
Last First Middle

Street Address _____ Date of Birth _____ Gender Male Female
Month Day Year

City _____ ZIP Code _____

Agreement/Release of Information

*I agree to remain under the care of my physician and follow the treatment exactly as prescribed. I hereby authorize and request my physician to release information regarding my medical condition to the Illinois Secretary of State, and to report any change in the status of my condition that would impair my ability to safely operate a motor vehicle. I understand that failure to abide by the conditions set forth in this agreement are grounds for the Secretary of State to deny or cancel my driving privileges. **This report shall remain valid for three months (90 days).***

Signature of Individual

Date of Signature

SECTION II MEDICAL HEALTH — To be Completed by MD/DO and/or Medical Professional (NP/PA)

Per Illinois Administrative Code Title 92, Part 1030, all sections of this report must be completed in its entirety.

DATE OF COMPLETION OF MEDICAL HEALTH SECTION II: _____

1. In your professional opinion, is this individual **MEDICALLY FIT** to safely operate a motor vehicle? YES NO

2. Conditions: Yes or No required for each condition listed.

- (a) Cardiovascular YES NO (provide condition) _____
- (b) Neurological YES NO (provide condition) _____
- (c) Musculoskeletal YES NO (provide condition) _____
- (d) Respiratory YES NO (provide condition) _____
- (e) Seizure YES NO (provide condition) _____
- (f) Diabetes YES NO
- (g) Dizzy/Fainting Spell YES NO
- (h) Alcohol/Drug Abuse YES NO
- (i) Other Medical Condition(s) (provide condition) _____

***For mental health disorders, please refer to Section III-Mental Health. Section III must be completed if the individual has a MENTAL HEALTH disorder.**

3. List all current medications prescribed relating to any condition indicated above in Question #2. (If medications are listed a condition must be disclosed above in Question #2.) _____

4. No medications prescribed

(continued on back)

PATIENT'S NAME: _____

5. Current Status of Condition:
(A) Controlled (B) Not Controlled: **will not affect driving** (C) Not Controlled Condition: **may affect driving**
(If Not Controlled is marked, you must provide details, which may include pertinent clinical information, i.e. test results, lab values, etc.)

6. In the past six months, has there been an attack of unconsciousness? YES NO Date of Attack _____
(If YES, you must provide details, which may include pertinent clinical information.)

7. Have there been any attack(s) of unconsciousness since the original incident noted in Question 6? YES NO
Date of Attack(s) _____ **(If YES, you must provide details, which may include pertinent clinical information.)**

8. **If there has been an attack of unconsciousness in the past six months you may provide a recommended time frame to return to driving.** Please explain: _____

SECTION III MENTAL HEALTH — To be completed ONLY if driver has a Mental Health Disorder marked "YES" by MD/DO and/or Medical Professional (NP/PA).

Mental Health Disorder: YES NO

DATE OF COMPLETION OF MENTAL HEALTH SECTION III: _____

1. In your professional opinion, is this individual **MENTALLY FIT** to safely operate a motor vehicle? YES NO
2. Mental Health Disorder Diagnosis/Condition(s): _____
3. List all current medications prescribed relating to mental health diagnosis/condition indicated above. **(If medications are listed a condition must be disclosed above in Question #2.)** _____

4. No medications prescribed
5. (A) Controlled (B) Not Controlled: **will not affect driving** (C) Not Controlled Condition: **may affect driving**
(If Not Controlled, you must provide provide details, which may include pertinent clinical information, i.e. test results, lab values, etc.)

SECTION IV — Additional information, special restrictions, etc.

SECTION V — MD/DO and/or Medical Professional (NP/PA)

_____	_____
Name of Medical Provider (Please Print)	Medical Provider's Address (Please Print)
_____	()
Professional License Number/State License Issued	Telephone Number
(Unacceptable Signatures: Chiropractors, Residents, Fellows, Interns, RN's, LPN's, Co-signatures)	
_____	_____
Provider's Signature — Date of Completion of Medical Health Section	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA Provider's Specialty
_____	_____
Provider's Signature — Date of Completion of Mental Health Section	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA Provider's Specialty

PLEASE MAINTAIN A COPY OF MEDICAL REPORT FOR YOUR RECORDS.

VISION SPECIALIST REPORT

DRIVER FACILITY CONTROL #

Secretary of State
State of Illinois

I. APPLICANT INFORMATION/TO BE FILLED OUT BY APPLICANT PLEASE PRINT						
Name	Last	First	Middle	Driver's License Number		
Street Address				Birth Date		Gender
				Month	Day	Year
City		County		ZIP Code		
Telescopic Readings On Reverse						

I authorize release of the report of this examination to the Secretary of State, Driver Services Department, Springfield, IL, for confidential use on my driving record. **This report is valid for six (6) months from the examination date below.**

Applicant Signature _____

Telephone Number (Telescopic Lens Wearer Only) _____

II. ACUITY SECTION

READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (example: 20/40⁻¹ or 20/100⁺²)

Vision Specialist Examination Certification

Acuity	Both	Right	Left
With correction	20/	20/	20/
Without correction	20/	20/	20/

Specialist – Check All Applicable Items:

- Daylight Driving Only
- Left and Right Outside Rearview Mirrors
- Applicant Would Not Accept Correction

Secretary of State Minimum Visual Screening Standards – Acuity
Acuity: No restrictions = 20/40 binocular (without corrective lenses)
Daylight driving only = 20/41 to 20/70 (with best correction binocular)
Failure = 20/71 or less (binocular)
Left and right outside rearview mirror ≥ 20/100 (monocular)

FOR SECRETARY OF STATE USE ONLY

REVIEW HOST FOR: Peripheral Reading _____
 Acuity Reading _____ (Initials)

III. PERIPHERAL SECTION

Minimum Visual Screening Standards—Peripheral

- Peripheral:** – Monocular = 70° temporal and 35° nasal (105° total field)
 – Binocular = 140° total temporal field

Vision Specialist Examination Certification

Left Eye Temporal Reading	+	Right Eye Temporal Reading	=	Total Field of Vision*
_____°		_____°		_____°

(140° or greater – qualification with no restrictions. If 139° or less see below.)

* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal **and** a nasal reading. At least one eye must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° to qualify with a restriction of **both** a left and a right outside rearview mirror. **If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.**

Complete **only** if applicant received less than 140° total field of vision above:

Left Eye			Right Eye		
Temporal	+	Nasal	=	Total	
_____°		_____°		_____°	

IV. FOLLOWUP REQUIREMENTS

Specialist check all applicable items:

1. **OPINION** - Required ONLY if driver is currently canceled due to a previous vision report indicating driver is NOT visually safe to operate a motor vehicle.
 - In my professional opinion, this individual is NOT visually fit to safely operate a motor vehicle.
 - In my professional opinion, this individual is visually fit to safely operate a motor vehicle.

2. Corrective lens(es) were accepted, checked and approved. Date: _____
3. Condition deteriorating and/or warrants monitoring (please explain) _____

If Question 3 is marked, recommendation for re-examination MUST be indicated below:

- 3 months 6 months 12 months Other

V. MEDICAL PROVIDER

I certify that I have examined the eyes of the above-named individual and that a true record of my examination appears hereon.

Date of Examination: _____ Provider's Signature (Stamped signatures unacceptable): _____

Professional License Number and State License Issued: _____ MD/DO OD

Business Address: _____ City/ZIP Code: _____

Telephone Number: _____

This Side to be Completed for Prescription Mounted Telescopic Lens Wearers ONLY.

Sections I, IV and V (front) and the following sections must be completed for prescription spectacle mounted telescopic lens wearers. Applicants who qualify to drive with the use of a prescription telescopic lens arrangement are restricted to driving during daylight hours only, unless otherwise indicated, and are eligible for a Class "D" driver's license only.

VI. TELESCOPIC ACUITY SECTION:

READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (example: 20/40⁻¹ or 20/100⁺²)

Vision Specialist Examination Certification (all readings below must be completed)

Secretary of State Minimum Visual Screening Standards – Acuity

- Central acuity through the telescopic lens must be ≥ 20/40
- Central acuity through the carrier must be ≥ 20/100
- Left and right outside rearview mirror ≥ 20/100 (monocular vision through telescopic lenses)

Acuity	Both	Right	Left
Through carrier lenses	20/	20/	20/
Through telescopic lenses	20/	20/	20/
Without correction	20/	20/	20/

VII. TELESCOPIC PERIPHERAL SECTION:

Minimum Visual Screening Standards—Peripheral

- Peripheral:**
- Monocular = 70° temporal and 35° nasal (105° total field)
 - Binocular = 140° total temporal field

Vision Specialist Examination Certification

Left Eye Temporal Reading	+	Right Eye Temporal Reading	=	Total Field of Vision*
_____°		_____°		_____°

(140° or greater – qualification with no restrictions. If 139° or less see below.)

* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal **and** a nasal reading. At least one eye must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° to qualify with a restriction of **both** a left and a right outside rearview mirror. **If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.**

Complete **only** if applicant received less than 140° total field of vision above:

Left Eye			Right Eye		
Temporal	Nasal	Total	Temporal	Nasal	Total
_____°	_____°	= _____°	_____°	_____°	= _____°

VIII. TELESCOPIC APPLICANT ISSUED AND RECEIVED LENS ARRANGEMENT

In your professional opinion, is there any indication that the applicant **MAY NOT** be capable of safely operating a motor vehicle? Yes No

- The patient has been fitted for a prescription spectacle-mounted telescopic lens arrangement and has had this arrangement in his/her possession for at least 60 days prior to the application date: Yes No
 - Date applicant received telescopic lens arrangement: _____
 - Power of telescopic lens arrangement: **(Telescopic lens(es) may not exceed 3X wide angle or 2.2X standard)**
Power reading: _____ Wide Standard
 - The patient is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement: Yes No
(Only applicable to drivers who meet the standards to be granted nighttime privileges as per Title 92, Section 1030.75 of the Illinois Administrative Code.)
- Additional comments or restrictions: _____

IX. TELESCOPIC REQUIREMENTS

Has the patient completed all the following requirements **AFTER** the 60-day period of the new/current prescription? Yes No

- The patient has clinically demonstrated the ability to locate stationary objects within the telescopic field by aligning the object directly below the telescopic lens and moving the head down and the eyes up simultaneously.
- The patient has clinically demonstrated the ability to locate a moving object in a large field of vision by anticipating future movement, so that by moving the head and eyes in a coordinated fashion, he/she is able to locate the moving object within the telescopic field.
- The patient has clinically demonstrated the ability to remember what has been observed after a brief exposure, with the duration of the exposure progressively diminished to simulate reduced observation time while driving.
- The patient has experienced levels of illumination, which may be encountered during inclement weather or when driving from daylight into areas of shadow or artificial light, and the patient has clinically demonstrated the ability to successfully adjust to such changes.
- The patient has experienced walking and riding as a passenger in a motor vehicle so that he/she has a practical experience of motion while objects are changing position.

JESSE WHITE

Secretary of State • State of Illinois

Persons with Disabilities Certification for Parking Placard/License Plates

DIRECTIONS: Both sides of this document must be signed and completed. Applicants complete the appropriate section (Part 1 for applicant or Part 4 for family members driving a person with disabilities). Your physician, advanced practice nurse, optometrist or physician's assistant **MUST** complete Part 2. **If you are also applying for meter-exempt parking, your physician, advanced practice nurse or physician's assistant must also complete Part 3.**

PART 1: Applicant Information

I hereby certify that I meet the definition of a person with a disability as provided in 625 ILCS 5/1-159.1, and I certify that my physical condition entitles me to the issuance of a Persons with Disabilities Parking Placard/License Plates. By affixing my signature below, I understand that the parking placard/license plates may not be used unless I am the driver or passenger of the vehicle.

WARNING: Misuse of a parking placard/plates or making a false application may result in revocation of your placard/plates, a 12-month suspension or revocation of your driver's license and a fine of up to \$1,000.

Name of Person with Disability		Male/Female	Date of Birth
Address		City, State, ZIP	
Daytime Telephone Number	Disability Parking Placard # (if any)	Disability Plate # (if any)	Today's Date
Signature of Person with Disability		Illinois Driver's License or Illinois ID Card # of Person with Disability	

PART 2: Medical Eligibility Standards and Medical Professional Certification

As a licensed physician, advanced practice nurse, optometrist or physician's assistant, I certify that the individual named in Part 1 has a condition that constitutes him/her as a person with disabilities as defined in statute **due to a diagnosis of:** _____

Check all that apply:

- ____ Patient is restricted by a lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) is one second, when measured by spirometry, is less than one liter.
- ____ Patient uses a portable oxygen device.
- ____ Patient has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
- ____ Patient cannot walk without the assistance of a wheelchair, walker, crutch, brace, and other prosthetic device or without the assistance of another person.
- ____ Patient is severely limited in the ability to walk due to an arthritic, neurological, oncological or orthopedic condition.
- ____ Patient cannot walk 200 feet without stopping to rest because of one of the above five conditions.
- ____ Patient is missing a hand or arm or has permanently lost the use of a hand or arm.

LENGTH OF DISABILITY: (check one)

- Disability is permanent (**Note: Form must be mailed to the Springfield address on the reverse side.**)
- Disability is temporary; must state duration (maximum 6 months) _____
(Note: Form may be taken to any Secretary of State facility or mailed to the Springfield address on the reverse side.)

As the medical professional(s) executing this document and verifying the nature of the applicant's disability, I understand that making a false representation of a person's disability for the purposes of obtaining any type of disabled parking placard or plates may result in a suspension or revocation of my driver's license and a fine of up to \$1,000.

Medical Professional's Printed Name	Specialty	Office Telephone Number
Address	City, State, ZIP	
Medical Professional's Signature	IL License Number	Today's Date

Name of Collaborating/Supervising Physician (if signed above by Advanced Practice Nurse or Physician's Assistant) _____ Supervising Physician State Medical License # _____

PART 3: Medical Eligibility for Meter-Exempt Parking and Physician’s Certification

The meter-exempt parking certification must be completed **only when the applicant qualifies for meter-exempt parking**. To qualify, the applicant must have a valid Illinois driver’s license (if applicable), have an ambulatory disability described in Part 2 and also have one of the following conditions listed below. **Economic need is not a consideration for meter-exempt parking.**

I hereby certify _____ (Name of Person with Disability) _____ (Illinois Driver’s License of Person with Disability if applicable) as listed in Part 1 of this application is also eligible for meter-exempt parking as provided by statute due to the following **PERMANENT** medical condition or disability:

Check all that apply:

- ___ The patient cannot manage, manipulate, or insert coins, or obtain tickets or tokens in parking meters or ticket machines in parking lots due to the lack of fine motor control of **BOTH** hands.
- ___ The patient cannot reach above his/her head to a height of 42 inches from the ground due to a lack of finger, hand or upper-extremity strength or mobility.
- ___ The patient cannot approach a parking meter due to his/her use of a wheelchair or other device for mobility.
- ___ The patient cannot walk more than 20 feet due to an orthopedic, neurological, cardiovascular or lung condition in which the degree of debilitation is so severe that it almost completely impedes the ability to walk.
- ___ The patient is under 18 years of age and incapable of driving.

_____ Signature of Physician Advanced Practice Nurse/Physician’s Assistant	_____ Today’s Date
_____ Name of Collaborating/Supervising Physician (if signed above by Advanced Practice Nurse or Physician’s Assistant)	_____ Supervising Collaborating Physician’s State Medical License #

PART 4: Disability License Plates Meter - Exempt Parking for Parent, Immediate Family Member or Legal Guardian Only:

I hereby apply for disability license plates as a parent, legal guardian or immediate family member residing in the household of the disabled individual named in Part 1. This disabled individual owns no motor vehicles and I have primary responsibility for his/her mode of transportation. By affixing my signature below, I understand that the license plates or meter - exempt parking placard may not be used unless I am transporting the disabled individual in the vehicle.

WARNING: Any misuse of the disability license plates or meter - exempt parking placard may result in revocation of the plates or placard, a 12-month suspension or revocation of your driver’s license and a fine of up to \$1,000.

Parent’s, Legal Guardian’s or Family Member’s Name	Relationship to Person with Disability	Today’s Date
Address	City, State, ZIP	
Parent’s, Legal Guardian’s or Family Member’s Signature	Driver’s License # of Parent, Legal Guardian or Family Member	
Daytime Telephone Number		

Temporary Disabled Parking Placard applications may be taken to any Secretary of State facility or mailed to the following address. Permanent Disabled Parking Placard applications must be mailed to: Secretary of State, Persons with Disabilities License Plates/Placard Unit, 501 S. Second St., Rm. 541, Springfield, IL 62756.

FOR OFFICE USE ONLY

Parking Placard Number: _____ Expiration Date: _____
 Issued By: _____ Issue Date: _____



State of Illinois • Secretary of State

Application for an Illinois Person with a Disability Identification Card

To Be Completed By Applicant	I am applying for an Illinois Person with a Disability Identification Card at no fee on the basis that I am an individual who is disabled as defined in Section 4A of the Illinois Identification Card Act. This report shall remain valid for three months.	
	I affirm that the information in this affidavit is true and correct.	
	Applicant's Signature/Date _____	
	Driver's License Number _____	and/or Identification Card Number _____
	Witness _____	Witness _____

To Be Completed By Physician	Certification for Illinois Person with a Disability Identification Card		
	Below please indicate the Priority of the Type of Disability and the corresponding Classification of Disability pertaining to the applicant named on this affidavit. Refer to the Definition Supplement on the reverse for assistance. (Please mark on the lines provided, any <u>type</u> and <u>classification</u> applicable, in priority order using a 1 to 5 numbering scale.		
	NOTE to Physician: The numbering scale begins with (1) as the lowest priority and (5) as the highest priority.		
	Priority:	Disability:	Class:
	_____	Physical (P)	_____
	_____	Developmental (D)	_____
_____	Visual (V)	_____	
_____	Hearing (H)	_____	
_____	Mental (M)	_____	
I hereby certify that the conditions of the person with disabilities named herein are determined and defined under Chapter 15, Illinois Compiled Statutes, Section 335/4A.			
_____ Physician's Signature / Date			
_____ Physician Assistant's/Advanced Practice Nurse's (APN) Signature / Date			
(PLEASE PRINT OR TYPE BELOW)			
Physician's Name _____		Phone _____	
Address _____			

Secretary of State Use Only	Applicant's Name _____	Date _____
	Driver's License or ID Number _____	Control Number _____

MISUSE OF A PERSON WITH A DISABILITY ID CARD CAN RESULT IN ITS REVOCATION

*** Please submit this completed form at your local Driver Services facility.**

Definition Supplement

Chapter 15, Illinois Compiled Statutes, Section 335/4A defines:

Types of Disabilities

Type One: Physical (P)

A physical disability is a physical impairment, disease, or loss, which is of a permanent nature, and which substantially limits physical ability or motor skills.

Type Two: Developmental (D)

Developmental disability means a disability that is attributable to: (i) an intellectual disability, cerebral palsy, epilepsy, or autism or (ii) any other condition that results in impairment similar to that caused by an intellectual disability and requires services similar to those required by persons with intellectual disabilities. Such a disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.

Type Three: Visual (V)

A visual disability is blindness, and the term "blindness" means central vision acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye that is accompanied by a limitation in the fields of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central vision acuity of 20/200 or less.

Type Four: Hearing (H)

A hearing disability is a disability resulting in complete absence of hearing, or hearing that with sound enhancing or magnifying equipment is so impaired as to require the use of sensory input other than hearing as the principal means of receiving spoken language.

Type Five: Mental (M)

A mental disability is a significant impairment of an individual's cognitive, affective, or relational abilities that may require intervention and may be a recognized, medically diagnosable illness or disorder.

Classifications of Disabilities

Class 1

A Class 1 disability is any type of disability which does **not** render a person unable to engage in any substantially gainful activity, or which does not impair the person's ability to live independently or to perform labor or services for which he/she is qualified.

Class 1a

A Class 1a disability is a Class 1 disability which renders a person unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, oncological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.

Class 2

A Class 2 disability is any type of disability which renders a person unable to engage in any substantially gainful activity, or which substantially impairs the person's ability to live independently without supervision or in-home support services, or which substantially impairs the person's ability to perform labor or services for which he/she is qualified or significantly restricts the labor or services which he/she is able to perform.

Class 2a

A Class 2a disability is a Class 2 disability which renders a person unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, oncological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.



Office of the Secretary of State
Driver Services Department



You are required to bring this notice with you.

CDL Holders Only – Eff. 07-01-15, you must provide proof of legal presence to renew your CDL. Visit www.cyberdriveillinois.com for acceptable CDL Proof Of Legal Presence documents.

DL/ID: P142-4753-7372 FEE: \$ 5.00
Class: D* V 7W
* EXAM(S): VISION AND ALL APPLICABLE ROAD

John Q Public
2701 S. Dirksen
Springfield IL 62723

If you are an honorably discharged U.S. veteran and wish to have a designation on your driver's license indicating that status, it will be necessary for you to appear at a driver's license facility with a copy of your DD214, certified and properly stamped by the Illinois Department of Veteran's Affairs.

Dear Friend:

Your Illinois driver's license or ID card will expire **December 31, 2021**. **Please review the enclosed brochure because the process has changed. You will not leave the facility with your new DL/ID. You will leave with a secure temporary paper document. You will receive your new, permanent DL/ID card by mail within 15 business days.** To renew, you must prove any changes to your name, date of birth, social security number and verify signature or residency. Acceptable identification for these changes must be provided. Some of the documents you may use include: current photo driver's license/ID card, valid passport, certified birth certificate, Social Security card, naturalization certificate, adoption records, military service record (DD214), valid major brand credit card, recent utility bill, cancelled check within the last 90 days and this notice. If you are changing your address at the time of renewal, you must provide two documents from the list of acceptable identification, with your new address. Other acceptable forms of identification (not listed) may be found in the current "Rules of the Road" or on the Secretary of State's Web page: www.cyberdriveillinois.com.

To renew your driver's license or ID card, please visit a facility location listed on the back of this notice.

***Vision screening, a drive evaluation(s) in properly classified vehicle(s) and a fee is required to renew your license for a 4 year period. Entries reported to your driving record, prior to your license renewal, may require additional examinations.**

Note: If you are required to take a road test, proof of vehicle liability insurance will be required. Road tests may be denied or discontinued due to unsafe road, weather or vehicle conditions. To self-certify CDL driving type per Federal Law or take a CDL written and/or drive examination, you must visit a commercial truck/bus center or designated CDL Facility listed on the reverse side of this form. CDL drives are by appointment only, however all CDL written exams must be successfully completed prior to scheduling a drive. For CDL drive appointments visit our website or call at 217-785-3013 Monday through Friday from 8:00 a.m. - 4:30 p.m.

If your ability to drive might be affected by a medical or physical condition, you will be required to bring a completed medical report with you. If a favorable medical report is not presented, you will be denied a driver's license. For your convenience, medical report forms are available at each facility and at www.cyberdriveillinois.com. You will also be asked if you wish to join the Organ/Tissue Donor Registry, which is explained in the enclosed brochure.

Our goal is to provide you efficient, friendly service. Your opinions are very important and will allow us to better serve you in the future.

Jesse White
Secretary of State

DRIVER SERVICES FACILITIES AND HOURS

For information on holiday facility closings, please visit www.cyberdriveillinois.com and select the "Find Your Nearest Facility" link

DOWNSTATE FACILITIES

Tues. - Fri. 8 a.m. to 5:30 p.m.
Wed. 8 a.m. to 5 p.m.
Sat. 7:30 a.m. to Noon
 Aledo 706 South E. 3rd St.
 Anna 101A Transcraft Dr.
 Beardstown 103 W. 15th St.
***Belleville 400 W. Main**
 Belvidere 425 Southtowne Dr., Ste. 200
 Benton 812 N. Main St.
***Bethalto/E. Alton ... 20 Terminal Dr., Ste. 103**
***Bloomington 1510 W. Market**
 Bradley 1111 Blatt
 Cairo 1203 Washington Ave.
 Canton 1015 W. Locust
 Carbondale 2516 W. Murphysboro Rd.
 Carlinville 120 Carlinville Plaza
***Carmi 1128 W. Oak St.**
 Carthage 130 Buchanan St.
 Centralia 418 S. Poplar St.
 Chadwick 236 Main St.
***Champaign 2012 Round Bard Rd.**
 Charleston 1010 "E" St.
 Clinton 1255 IL-54 East
 Danville/Tilton #5 Southgate
***Decatur 3149 N. Woodford St.**
 DeKalb 1360 Oakwood Ave.
 Dixon 925 S. Peoria Ave.
 E. St. Louis 8750 Church Lane
***Edwardsville 1502A Troy Rd.**
***Effingham 444 S. Willow St.**
***Fairfield 307 N. Market Ave.**
 Flora 847 E. North Ave.

***CDL Written Test only**

***Freeport 1054 N. Riverside, Ste. C**
 Galena 987 Galena Square Dr.
***Galesburg 1066 E. Losey**
 Gibson City 304 W. Second St.
 Granite City 1810 Edison St.
 Greenville 321 S. 2nd St.
 Harrisburg 350 Seright St., Ste. C
 Havana 210 S. Prairie Ridge Dr.
***Hillsboro 2010 School St.**
 Hoopston 825 W. Elm St.
***Jacksonville 901 W. Morton, Ste. 13**
 Lincoln Square Shopping Ctr.
***Jerseyville 710 County Rd.**
 Kewanee 715 Tenney St.
 Lacon 127 Prairie St.
 LaSalle 536 Third St.
 Lawrenceville 406 N. 15th St.
 Lincoln 2200 N. Kickapoo
***Macomb 466 Deer Rd.**
 Marion 1905 Rendleman St.
***Mattoon 2020 Charleston Ave.**
 McLeansboro 1105 E. Randolph St. 101
 Mendota 108 E. 12th St.
***Metropolis 1112 W. 10th St.**
 Moline/Silvis 2001 Fifth St., Ste. 10
 Monmouth 330 N. Main St.
 Monticello 1205 Bear Lane
 Morris 2413 Sycamore Dr.
 Mt. Carmel 219 W. Second St.
 Mt. Vernon 320 E. Main St.
***Nashville 480 N. Kaskaskia St.**
 Olney 1302 S. West St.
 Oregon 1302 Pines Rd.

Ottawa 404 Stevenson Rd.
 Paris 714 Grandview St.
***Pekin 200 S. 2nd St.**
 Peoria 3311 N. Sterling Ave.
 Pinckneyville 404 S. First
 Pittsfield 202 W. Jefferson
***Pontiac 507 Crane St.**
 Princeton 225 Backbone Rd. East
 Quincy 2512 Locust St.
 Rantoul 421 S. Murray Rd.
***Roanoke 106 W. Broad St.**
***Robinson 1411 E. Main St.**
***Rockford Central 3720 E. State**
 Salem 1375 W. Whittaker St.
 Shelbyville 311 N. Cedar St.
***Sparta 202 W. Jackson St.**
 Springfield (No Cycle Drives) .. 316 N. Klein St.
***Sterling 1224 W. 4th St.**
 Streator 201 Danny's Dr., Ste. 6
 Taylorville 1400 E. Park
 Tuscola 211 S. Main St.
 Vandalia 13 Old Capitol Shopping Ctr.
 Vienna 400 E. Vine
 Waterloo 1335 Jamie Lane
 Watseka 1400 E. Walnut St.
 Wyoming 111 E. Williams

Mon. - Fri. 8 a.m. to 5 p.m.
Rockford (CDL) 4734 Baxter Rd.
 Springfield 2701 S. Dirksen Pkwy.
(CDL & Cycle Drives)

CHICAGO/METRO AREA FACILITIES

No CDL Written or Drives

Mon., Tues., Thur., Fri. 8:30 a.m. to 5 p.m.
Wed. 8:30 a.m. to 5:30 p.m.
 Bridgeview 7358 W. 87th St.
 Chicago Hts. 570 W. 209th St.
 Chicago North 5401 N. Elston Ave.
 Chicago South 9901 S. ML King Dr.
 Deerfield (No Cycle Drives)
 405 Lake Cook Rd., A6-9
 Schaumburg 1227 E. Golf Rd.
Tues. - Fri. 8 a.m. to 5:30 p.m.
Sat. 7:30 a.m. to Noon
 Aurora 339 E. Indian Trail
 Chicago West 5301 W. Lexington Ave.
 Des Plaines 1470 Lee St.
 Elgin 595 S. State St.
 Joliet 201 Joyce Rd.
 Lake Zurich (CDL Written) 951 S. Rand Rd.
 Lombard 837 S. Westmore
 Melrose Park 1903 N. Mannheim Rd.
 Midlothian 14434 S. Pulaski Rd.
 Naperville 931 W. 75th St., Ste. 161
 Waukegan 617 S. Green Bay Rd.
 Woodstock 428 W. Eastwood Dr.
Tues. 8 a.m. to 5:30 p.m.
Wed. - Fri. 8 a.m. to 5 p.m.
Sat. 7:30 a.m. to Noon
 Plano (CDL Written) 712 E. South St.

COMMERCIAL TRUCK/BUS CENTERS

CDL Written Exams Available Anytime
 CDL Drives by Appointment Only

Tues. 8 a.m. to 5:30 p.m.
Wed. - Fri. 8 a.m. to 5 p.m.
Sat. 7:30 a.m. to Noon
 Bradley 1111 Blatt
 Charleston 1010 "E" Street
 Danville/Tilton #5 Southgate
 DeKalb 1360 Oakwood Ave.
 E. St. Louis 8750 Church Lane
 Marion 1905 Rendleman St.
 Moline/Silvis 2001 Fifth St., Ste. 10
 Morris 2413 Sycamore Dr.
 Olney 1302 S. West St.
 Peoria 3311 N. Sterling
 Princeton 225 Backbone Rd. East
 Quincy 2512 Locust St.
 Rantoul 421 S. Murray Rd.
 Salem 1375 W. Whittaker St.
Mon. - Fri. 8 a.m. to 5 p.m.
Rockford 4734 Baxter Rd.
 Springfield 2701 S. Dirksen Pkwy.
 Elk Grove Village 650 Roppolo Dr.
 South Holland 41 W. 162nd St.
Tues. - Fri. 8 a.m. to 5:30 p.m.
Sat. 8 a.m. to Noon
 West Chicago 1280 Powis Rd.
Tues. - Fri. 8 a.m. to 5:30 p.m.
Sat. 7:30 a.m. to Noon
 Lake Zurich (No Drives) 951 S. Rand Rd.

EXPRESS FACILITIES

Vision Screening Only

Tues. - Fri. 8 a.m. to 5:30 p.m.
Sat. 7:30 a.m. to Noon
 Chicago Diversey Exp. 4642 W. Diversey
 Lockport Exp. 1029-31 E. 9th St.
Mon. - Fri. 9 a.m. to 5 p.m.
 Orland Park 14700 S. Ravinia
Mon. - Fri. 8:30 a.m. to 5 p.m.
 Wheaton 128 W. Liberty
Wed., Thurs., Fri. 9 a.m. to 4 p.m.
 Roscoe 10631 Main St.
Mon. - Fri. 8 a.m. to 5 p.m.
 Chicago Loop 69 W. Washington Pedway
Tues. 8 a.m. to 5:30 p.m.
Wed. - Fri. 8 a.m. to 5 p.m.
Sat. 7:30 a.m. to Noon
 Rockford Express 3214 Auburn St.

SPECIAL SITES

No Road Exams – No CDL Written
Mon. - Fri. 8 a.m. to 5 p.m.
 Chicago Central 100 W. Randolph
 (Lower Level)

FOR MORE INFORMATION:
www.cyberdriveillinois.com
 Toll Free: 800-252-8980
 Chicago Area: 312-793-1010

(Form DLRNLB – Rev. 02/07/2017)

A Guide To Services

**For a listing of publications and forms
available for seniors, please contact:**

**Office of the Secretary of State
Driver Services Department
2701 S. Dirksen Pkwy.
Springfield, IL 62723
312-814-3676
888-261-5238 (TTY, NexTalk)**

WWW.CYBERDRIVEILLINOIS.COM
