



OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT

SAFE RIDE SECTION
 2701 S. DIRKSEN PARKWAY
 SPRINGFIELD, IL 62723
 217-782-7674
 www.cyberdriveillinois.com

School Bus Driver Active Duty Form

School Bus Driver Information

Last Name: _____ First Name: _____ M.I.: _____

Address: _____
Street, City, State, ZIP

Driver's License Number: _____ Date of Birth: ____ / ____ / ____

Social Security Number: _____

Illinois File Number (out-of-state drivers only): _____

Date of Deployment: _____
 (Enclose a copy of deployment orders.)

Expected Date of Return from Active Duty: _____
 (If date is extended, the Secretary of State's office must be notified.)

Employer Information

Employer's Name: _____

Employer's Address: _____
Street, City, State, ZIP

Employer's Representative: _____

Employer's Telephone Number: _____

Employer's School Bus Number: _____