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OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

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

Employer Notification Report

School Bus Driver Information (to be completed by employer)

Name: _____
Last First Middle Initial

Address: _____
Street City State ZIP

Driver's License Number: _____ State of Issue: _____

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

Social Security Number: _____ Date of Birth: _____

The above-named school bus driver:

❒ while holding a previously issued valid School Bus Driver Permit, has now on _____/_____/_____ , been accepted for employment as a school bus driver with our office/company/district.

❒ has gone past the due date of _____ for refresher training. Permit will be cancelled until driver complies.

❒ is, as of _____/_____/_____, no longer employed as a school bus driver by our office/company/district.

❒ was involved in a school bus-related accident on _____/_____/_____ , and was required to submit to the post-accident testing requirements as set forth in 49 CFR 382.303. This notification must be submitted no later than one business day following the date of the accident.

❒ has failed to obtain a negative result on a drug test as required pursuant to Section 6-106.1 of the Illinois Vehicle Code (625 ILCS 5/6-106.1) or under federal law on _____/_____/_____ .

❒ has refused to submit to or failed to complete a test(s) to obtain a negative result on a drug test as required pursuant to Section 6-106.1 of the Illinois Vehicle Code (625 ILCS 5/6-106.1) or under federal law on _____/_____/_____ .

In accordance with Part 1035.45 of the Administrative Rules (92 Illinois Administrative Code 1035.45), this shall serve as notification of the above-listed information.

_____ Date

_____ Signature of Employer/Designee

_____ Secretary of State Assigned Employer #

_____ Employer Name

_____ Employer Telephone Number

_____ Employer Address

_____ Employer Fax Number

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SAFE RIDE SECTION
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SPRINGFIELD, IL 62723
217-782-7674
www.cyberdriveillinois.com

Certification of Employee Removal

School Bus Driver Information (to be completed by employer)

Name: _____
Last First Middle Initial

Address: _____
Street City State ZIP

Driver's License Number: _____ State of Issue: _____

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

Social Security Number: _____ Date of Birth: _____

Under penalties of perjury, I swear and affirm that the above-named school bus driver has been removed from service prior to the start of that school bus driver's next work shift in accordance with Section 6-106.1(g) of the Illinois Vehicle Code (625 ILCS 5/6-106.1(g)).

Date of Removal: _____/_____/_____

_____ _____
Date Signature of Employer/Designee

_____ _____
Secretary of State Assigned Employer # Employer Name

_____ _____
Employer Telephone Number Employer Address

_____ _____
Employer Fax Number

- This Certification of Employee Removal applies only to drivers whom the Secretary of State's office has cancelled or suspended or will be suspending based on information provided on the reverse side of this form.
- It is the responsibility of a prospective, current or previous employer to maintain records of certifications and all verifications on the premises, which would be available for immediate inspection by the Secretary of State, for a period of two years.
- Any individual, corporation, partnership or association who permits a person to operate a school bus if the driver has not complied with the provisions of Section 6-106.1 of the Illinois Vehicle Code or 92 Ill. Adm. Code 1035 et seq. may be subject to a fine of $1,000 to $10,000 [625 ILCS 5/6-106.11].
- Mail Notification/Certification forms directly to:
  Secretary of State
  Driver Services Department
  Safe Ride Section
  2701 S. Dirksen Pkwy.
  Springfield, IL 62723

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