



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

2701 South Dirksen Parkway • Springfield, Illinois 62723

WAIVER REQUEST

DATE OF REQUEST: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

DRIVER'S LICENSE #: _____

TELEPHONE NUMBER: _____

REASON FOR BREAK IN DRIVER'S LICENSE RECORD:

(To be completed by applicant. If more room is needed, attach extra paper. Attach any documentation to verify this information i.e., doctor, hospital records, etc.)

Multiple horizontal lines for providing the reason for the break in license record.

Date

Signature of Applicant

(When form has been completed, forward to the attention of the School Bus Safety Section at the above address.)

OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.

Based upon my review, the circumstances leading to the break in this applicant's valid driver's license record are acceptable and a waiver is granted.

Based upon my review, the circumstances leading to the break in the applicant's valid driver's license record are not acceptable and a waiver is not granted.

REMARKS: _____

Multiple horizontal lines for providing remarks.

Date

Signature of Applicant