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OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

Submit completed form to:
Illinois Secretary of State
Driver Services Department
Safety Responsibility Section
2701 S. Dirksen Pkwy.
Springfield, IL 62723

Affidavit for Refund of Security Deposited or Termination of Surety Bond in Accordance with Section 7-214, Illinois Safety Responsibility Law

Crash Number: _____

Driver's License Number: _____

(I/We), _____, being duly sworn, depose:

1. (I/We) reside at _____, in the town/city of _____,
   County of _____, State of _____, ZIP Code _____ - _____;
   NOTE: THE ILLINOIS STATE COMPTROLLER REQUIRES YOUR 9-DIGIT ZIP CODE FOR PAYMENT.
2. On _____ , (I/we) (was/were) involved in a crash in or near _____,
   Date
   Illinois, as a result of which (I/we) became subject to the Illinois Safety Responsibility Law; and
3. Two years has elapsed since the driver's license suspension date, and no suit for claims for damages and/or personal injuries has been instituted or is now pending, nor does any judgment rendered remain unsatisfied.

Sign on applicable line. Signature must be signed in front of a Notary Public or witnessed by someone not related to you.

_____
Signature of Operator

_____
Signature of Owner

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Name of Notary Public

_____
Title of Notary Public

My commission expires _____

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