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Office of the Secretary of State
Driver Services Department

Commercial Driver Training Section
Third-Party Certification Program Unit

NOTICE OF TERMINATION
Safety Officer

FROM: _____ DATE: _____
Name of Third-Party Certification Program

_____
Street Address

_____
City State ZIP Code

TO: OFFICE OF THE SECRETARY OF STATE
650 Roppolo Drive
Elk Grove Village, IL 60007

ATTENTION: THIRD-PARTY CERTIFICATION PROGRAM UNIT

Pursuant to Rule filed under the authority of Part 1030.60 of the Illinois Vehicle Code, you are hereby notified the employment of the Safety Officer named below was terminated on the date indicated for the reason specified.

Name of Safety Officer: _____ License No.:_____

Termination Date: _____

Reason for Termination (explain): _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF
THIRD-PARTY CERTIFICATION PROGRAM NAMED HEREIN

_____