

DRIVER TRAINING SCHOOL APPLICATION FOR MAIN LICENSE

JESSE WHITE, SECRETARY OF STATE

(PLEASE PRINT OR TYPE)

(All Personal History Schedules [Schedule 1], Motor Vehicle Fleet Schedules [Schedule II],
and Insurance Certificates Must Accompany This Application.)

GENERAL

Name of Driver Training School		Business Hours		Date of Application		
				Mo.	Day	Yr.
Street Address of Driver Training Facility		City		ZIP Code		State
Phone		Type of Business (check one)				
		Any change in type of business requires a new application. Failure to make such application may result in action against your school license.				
		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> LLC/Limited Liability Corporation				

Names, addresses and telephone numbers of all owners, partners, associates, corporate directors, officers and managers:

NAME	ADDRESS	POSITION	HOME PHONE

QUESTIONS

"YES" or "NO"

1. Have any of the owners, partners, associates or corporation officers ever operated a Driver Training School before? _____ If YES , under what name and dates of operation and reason for discontinuance if not still in operation: _____ _____ _____	
2. Does your school facility comply with all state laws and regulations and all municipal ordinances and regulations relating to public health and public safety for the school and business facilities? _____	
3. Are your students required to sign written contracts? If YES , <i>attach a sample copy of the contract.</i> _____	
4. Do all the seating facilities have desk-like writing surfaces? _____	
5. Does your classroom contain any psychophysical testing equipment? _____ If YES , please explain: _____ _____	
6. Is your classroom equipped with audio-visual equipment? _____	
7. Is your classroom equipped with other testing aids? _____ If YES , please explain: _____ _____	
8. Does your school offer a complete course of classroom instruction? _____	
9. Does the school employ at least one person who is licensed by the Secretary of State as a Driver Training Instructor? _____	

QUESTIONS (continued)

“YES” or “NO”

10. Has any owner, partner, associate, corporate director, officer or manager been associated with a commercial driving school whose license has been revoked, cancelled, suspended or denied in the state of Illinois or any other state? _____ If YES , list school name and explain: _____ _____ _____	
11. Has your school license ever been revoked, cancelled, suspended or denied in Illinois or any other state? _____ If YES , please explain: _____ _____ _____	
12. Are you currently an administrator and/or teacher of a state-approved high school driver education program? _____	

CONDITIONS

As a condition of the issuance and continued effect of a Driver Training School license, the undersigned undertakes and agrees to the following conditions:

- A. To maintain adequate records, as prescribed by the Illinois Compiled Statutes and rules and regulations thereunder, and to permit the inspection of such records by an authorized representative at reasonable times.
- B. To employ or otherwise make use of instructors who have been properly licensed by the Secretary of State to instruct at the applicant's school.
- C. To advise the Secretary of State, on SOS forms, whenever the instructor's employment is terminated by the applicant along with a brief statement for the reasons for such termination.
- D. To comply with all state laws and regulations, and all municipal ordinances and regulations relating to public health and public safety for the school and business facility.
- E. To comply with all provisions of the Illinois Compiled Statutes and the rules and regulations relating to Driver Training School.
- F. To advise the Secretary of State within 20 days of any material change in the application or the schedules which are made a part thereof.

Under penalty of perjury, I (we) swear and affirm that all information submitted by me (us) regarding this application is true and correct. I (We) also swear and affirm that no fictitious or fraudulent document has been presented for the purpose of this application.

Signature	Title
Signature	Title
Signature	Title
Signature	Title

Each owner, partner, associate, manager, and a majority of the corporate directors and officers of the Driver Training School must sign above. (One signature in each boxed area.)

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result in the revocation of your Driver Training School license.

Mail completed application (including schedules) and \$500 payment required by law to:

Office of the Secretary of State
Commercial Driver Training School Section
650 Roppolo Dr.
Elk Grove Village, IL 60007