

**Safety Inspection – Driver Training School Motor Vehicle Fleet  
(Supplement – Additions and Deletions)**

(This form must be completed and filed with the Driver Training School Division of the Office of the Secretary of State within ten (10) days of any addition or deletion to the motor vehicle fleet of any driver training school)

*(Please print or type)*

Name of Driver Training School		Street Address		City		State		ZIP		Date of Inspection		
										Mo.	Day	Yr.
											Phone (    )	

**ADDITIONS**

The applicant swears that all vehicles described herein are: (1) equipped with dual control devices, (2) registered in the name of the driver training school described herein, (3) in safe mechanical condition, (4) properly identified in compliance with the rules and regulations relating to driver training school signs on owned or leased motor vehicles, and (5) properly insured in compliance with the Illinois Vehicle Code and the rules and regulations providing therefor.

1	Year	Make	Serial No.	License No. Current ( )	Owned (x)	Leased (x)	Name and Address of Lessor (if leased)	Inspection Certificate Number	Initial of Inspector
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

The undersigned swears (affirms) that he/she is an authorized representative of the driver training school listed above; that he/she is authorized to execute this affidavit; and that the information contained herein is true in substance and in fact.

\_\_\_\_\_  
*(Signature of Authorized Representative of Driver Training School)*

- NOTE:** This schedule will not be accepted unless:
- (1) The above authorized representative is listed in the general information section of the driver training school license application as an owner, manager, partner or corporate officer and has filed a personal history schedule with the Secretary of State.
  - (2) Insurance certificates for all the vehicles listed in the additions section accompany this supplementary schedule.

(to be completed by Vehicle Inspection Station)

Inspection Station Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

### DELETIONS

The applicant swears:

- (1) that the following vehicles are no longer operated by the Driver Training School named herein for driving training purposes.
- (2) that the safety inspection – insurance certification decal issued by the Secretary of State has been removed and destroyed.

1	Year	Make	Decal No.	License No.	Owned (x)	Leased (x)	Name and Address of Lessor (if leased)
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							