

**JESSE WHITE, SECRETARY OF STATE**  
**DRIVER TRAINING SCHOOL APPLICATION FOR BRANCH LICENSE**  
(PLEASE PRINT OR TYPE)

**GENERAL**

Name of Driver Training School		Business Hours		Date of Application	
				Mo.	Day
				Yr.	
Street Address of Driver Training Facility (Branch)		City		ZIP code	State
Phone (Branch)		Type of Business (Check One) Any change in the type of business would require submitting a new application. Failure to make such application may result in action being taken against your school license. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association			

List names, addresses and telephone numbers of all owners, partners, associates, corporate directors, officers and managers below.

NAME	ADDRESS	POSITION	HOME PHONE

**QUESTIONS**

PLEASE RESPOND WITH A "YES" or "NO"

1. Was the branch facility licensed during the previous year? (If <b>YES</b> , has any changes been made to the facility?) _____ _____ _____ _____	
2. Does your branch 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. Do all the seating facilities have desk-like writing surfaces? _____	
4. Does your branch classroom contain any psychophysical testing equipment? (If <b>YES</b> , please explain.) _____ _____ _____	
5. Is your branch classroom equipped with audio-visual equipment? _____	
6. Is your branch classroom equipped with other testing aids? (If <b>YES</b> , please explain.) _____ _____ _____	
7. Does your school branch offer a complete course of classroom instruction? _____	

### CONDITIONS

As a condition for the issuance and the continued effect of a Driver Training School license, the undersigned undertake and agree to all of 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 to 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 forms supplied by him, whenever the instructor's employment is terminated by the applicant and a brief statement for the reasons for such terminations.
- 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 of the provisions of the Illinois Compiled Statutes and the rules and regulations relating to Driver Training School.
- F. To advise the Secretary of State within twenty (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 of the information submitted by me (us) regarding this application is true and correct. I (We) also swear and affirm that no fictitious or fraudulent documents have been presented for the purpose of this application.

Signature	Title

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

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

When you have completed this application (including schedules) and attached a \$50 payment required by law, mail it to:

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

**JESSE WHITE Secretary of State**