

DAYS _____

TIME _____

Batch or Course Number _____



OFFICE OF THE SECRETARY OF STATE
SPRINGFIELD, IL 62723

COMMERCIAL DRIVING SCHOOL — CDL TRAINING ENROLLMENT

The students listed below have enrolled in an approved CDL course of instruction, lasting a minimum of four complete weeks.

SCHOOL NAME AND ADDRESS _____

INSTRUCTOR'S NAME			BEGINNING DATE	ENDING DATE
Last	NAME First Middle Initial	BIRTHDATE (Month, Day, Year)	ADDRESS OF STUDENT (Street, City, ZIP Code)	Social Sec. #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

LIST NAMES ALPHABETICALLY

I do hereby affirm that the above named students are enrolled in an approved CDL program and will be taught by qualified instructors licensed by the Illinois Secretary of State.

_____ Date

_____ Signature of Authorized School Official

INSTRUCTIONS

- Enter a batch number or course number of your own design that will give each class a unique number. This will ease the problem of cross-referencing student names reported on the Commercial Driving School — Pupil Status Report form.
- Enter the school name and the address of the classroom instruction and the ZIP Code.
- Enter the instructor's name as it appears on the operator's license.
- Enter the beginning and ending date of the classroom instruction.
- Enter alphabetically the students' names as they appear on the Instruction Permit applications and subsequently their driver's licenses.

- Enter each student's complete address and ZIP Code.
- Enter each student's telephone number, including area code.
- Enter the date this form is submitted to the Illinois Secretary of State.
- This form must be signed by the commercial school manager or by an authorized employee listed on the Commercial Driving School — Signature and Address Authorization form.

**MAIL TO: Secretary of State
Commercial Driver Training Section
650 Roppolo Ln.
Elk Grove Village, IL 60007**