



**OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT**  
2701 South Dirksen Parkway • Springfield, Illinois 62723  
**WAIVER REQUEST**

DATE OF REQUEST: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**REASON FOR BREAK IN DRIVER'S LICENSE RECORD:**

(To be completed by applicant. If more room is needed, attach extra paper. Attach any documentation to verify this information i.e., doctor, hospital records, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Date

Signature of Applicant

*(When form has been completed, forward to the attention of the School Bus Safety Section at the above address.)*

\*\*\*\*\*  
**OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.**  
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- \_\_\_\_\_ Based upon my review, the circumstances leading to the break in this applicant's valid driver's license record are acceptable and a waiver is granted.
- \_\_\_\_\_ Based upon my review, the circumstances leading to the break in the applicant's valid driver's license record are not acceptable and a waiver is not granted.

REMARKS: \_\_\_\_\_

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\_\_\_\_\_

Date

Authorized Personnel Signature