



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

2701 S. DIRKSEN PARKWAY  
SPRINGFIELD, IL 62723  
www.cyberdriveillinois.com

**TVDL APPOINTMENT DOCUMENT CHECKLIST**

Applicant Name: \_\_\_\_\_ Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_  
 Appt. Location: \_\_\_\_\_  
 Confirmation #: \_\_\_\_\_ Agency Completing Form: \_\_\_\_\_  
 Form Completed By: \_\_\_\_\_

**Applicant has the following CORRECT documents:**

- Name and Date of Birth
- Written Signature
- 12 Month Residency
- Current Address — 1

\*All documents MUST be in the applicant's name

**Name and Date of Birth (One):**

- Unexpired Passport — Expiration Date: \_\_\_\_\_
- Consular Card — Expiration Date: \_\_\_\_\_  
*(Mexico, Guatemala, Ecuador, Brazil, Colombia)*

**Written Signature (One):**

- Unexpired Passport — Expiration Date: \_\_\_\_\_
- Consular Card — Expiration Date: \_\_\_\_\_

**12 Month Residency (One document that must be dated over a year ago):**

- Consular Card — Expiration Date: \_\_\_\_\_  
*(must have been issued over a year ago and cannot also be used for 90 day)*
- Bank Statement (cannot be a summary) — Date: \_\_\_\_\_
- Utility Bill — Date: \_\_\_\_\_
- Certified School Transcripts — Dates: \_\_\_\_\_
- Deed/Title, Rental, Lease, Mortgage — Dates: \_\_\_\_\_
- Medical Claim or Statement of benefits (no bills from doctor's offices) — Date: \_\_\_\_\_
- Official Mail from State, County, City, Village, or Federal agency — Date: \_\_\_\_\_  
*(Subject to SOS approval. For example, we do not accept DHS or IRS documents)*
- Pension or Retirement Statement — Date: \_\_\_\_\_
- Report Card — Date: \_\_\_\_\_
- Tuition Invoice from a College or University — Date: \_\_\_\_\_
- Home Owner's or Renter's Insurance Policy — Date: \_\_\_\_\_
- Selective Service Card — Date: \_\_\_\_\_

**Current Residency (One document dated in the last 90 days):**

- Consular Card — Expiration Date: \_\_\_\_\_  
*(must have current address listed and cannot also be used for 12 month residency)*
- Credit report from Experian, Equifax, or TransUnion — Date: \_\_\_\_\_
- Bank Statement (1) — Date: \_\_\_\_\_  Bank Statement (2) (Must be from 2nd bank) — Date: \_\_\_\_\_
- Utility Bill (1) — Date: \_\_\_\_\_  Utility Bill (2) — Date: \_\_\_\_\_  
*(Must be from different company than first utility bill)*
- Certified School Transcripts — Date: \_\_\_\_\_
- Deed/Title, Mortgage, Rental/Lease — Date: \_\_\_\_\_
- Medical Claim or Statement of Benefits — Date: \_\_\_\_\_  
*(No bills from doctor's offices)*
- Official Mail from State, County, City, Village, or Federal agency — Date: \_\_\_\_\_  
*(These documents are subject to SOS approval. For example, we do not accept DHS or IRS documents.)*

*(Continued on reverse side.)*

*Current Residency Documents Checklist continued.*

- Pension or Retirement Statement — Date: \_\_\_\_\_
- Report Card — Date: \_\_\_\_\_
- Tuition Invoice from a College or University — Date: \_\_\_\_\_
- Home Owner's or Renter's Insurance Policy — Date: \_\_\_\_\_
- Selective Service Card — Date: \_\_\_\_\_

**Notes:**

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**Has applicant visited a SOS Facility to check the status of his/her Driving Record?**

- Yes       No

Also Bring: Verification of Residency Form, Proof of Car Insurance and \$30 fee. (Applicant should also be prepared to pay any outstanding reinstatement fees.)