



Secretary of State School Bus Affirmation

This space for use by
Secretary of State.

**Secretary of State
Vehicle Services Department
Special Plates Division
501 S. Second St., Rm. 541
Springfield, IL 62756
217-785-6901
www.cyberdriveillinois.com**

We, _____ and _____
Principal or Member of School Board Name of Bus Owner

Affirm that:

1. This statement is given to authorize the Secretary of State to issue motor vehicle School Bus license plate(s) pursuant to the provisions of Section 5/3-808(a)(4) of the Illinois Compiled Statutes;
2. The bus or buses described herein will be used exclusively as school buses for school purposes pursuant to a written contract between

_____ and _____;
Name of School District Name of Bus Owner

3. The bus or buses described herein will conform to the liability insurance requirements pursuant to Section 5/12-707.01 of the Illinois Compiled Statutes.

DESCRIPTION OF BUSES

Year	Make	Vehicle Identification Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Signature of Authorized Agent of Bus Company

Typed Name

Company Name

Company Address

Date

Signature of Principal or Member of School Board

Typed Name

School Name

School Address

Date