

Illinois Secretary of State
CHARTER BUS APPLICATION/CERTIFICATION

Applicant Information (To be completed by the applicant)

Last Name _____ First Name _____ M.I. _____

Street Address _____ City _____ State _____ ZIP _____

Driver's License Number _____

Employer Number _____

Social Security Number _____ Date of Birth _____

Under penalty of perjury, I swear and affirm that I have not been convicted of any criminal or traffic offenses that would disqualify me from driving a charter bus or made a false statement or knowingly concealed a material fact in this application for a charter bus driver endorsement, and that I comply with all provisions of Sections 6-104 and 6-508 of the Illinois Vehicle Code. I hereby consent and certify that the information contained in this document is true. I hereby consent to the release by the Secretary of State of fingerprint information to my employer.

Applicant Signature _____ Date _____

New Applicant (To be completed by the employer)

All requirements in this section must be completed by marking each box and providing the date of completion before an applicant will be allowed to obtain a charter bus driver endorsement at a facility.

- Age 21 or older.
- Completed a Medical Examination, including chemical testing for drugs.
Medical Examination valid through _____
Date _____
- Illinois specific criminal background investigation successfully completed by Illinois State Police showing no offenses as set forth in Section 6-508 (C-1)(1)(4) of the Illinois Vehicle Code [625 ILCS 5/6-508]. Date employer received this notification _____.

Reapplicant (To be completed by the employer)

This section must be completed by marking the box and indicating the date the examination is valid through before an applicant will be allowed to retain a charter bus driver endorsement at a facility.

Completed a D.O.T. Medical Examination, including chemical testing for drugs.
Medical Examination valid through _____
Date

NOTE TO EMPLOYER: Reapplicants (within 30 days subsequent to the expiration of a license) are not required to be refingerprinted.

Certification

Under penalty of perjury, I swear and affirm that the applicant meets all requirements in accordance with Sections 6-104 and 6-508 of the Illinois Vehicle Code [625 ILCS 5/6-104 and 5/6-508].

_____	_____
Date	Signature of Employer/Designee
_____	_____
Secretary of State Assigned Employer #	Employer Name
_____	_____
Employer Telephone Number	Employer Address

NOTE TO EMPLOYER: It is the responsibility of a prospective, current or previous employer to maintain records of certifications and all verifications on the premises, which would be available for immediate inspection by the Secretary of State.

Secretary of State Facility Use Only

Is this applicant in compliance with the requirements of Sections 6-104 and 6-508 of the Illinois Vehicle Code?

Yes No

Facility Representative Signature/Employee Number