OFFICE OF THE SECRETARY OF STATE
STATE OF ILLINOIS

COMMERCIAL DRIVER TRAINING SECTION

NOTICE OF TERMINATION
(INSTRUCTOR)

Date: _____

From: _____
Name of Driver Training School

_____
Street Address

_____
City State

To: **Secretary of State**
650 Roppolo Drive
Elk Grove Village, IL 60007

ATTENTION: COMMERCIAL DRIVER TRAINING SECTION

PURSUANT TO THE RULE FILED UNDER THE AUTHORITY OF SEC. 6-420 OF THE ILLINOIS VEHICLE CODE YOU ARE HEREBY NOTIFIED THAT THE EMPLOYMENT OF THE INSTRUCTOR NAME BELOW WAS TERMINATED ON THE DATE INDICATED AND FOR THE REASON SPECIFIED.

Name of Instructor	License No.	Termination Date Mo. Day Yr.
Reason for Termination (Explain)		

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF DRIVER TRAINING SCHOOL NAMED HEREIN... _____

CDTS-25.3