

ILLINOIS SECRETARY OF STATE CERTIFICATION OF EMPLOYEE REMOVAL

Charter Bus Driver Information

Last Name	First Name	M.I.
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Street Address	City	State	ZIP
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Driver's License Number _____

Employer Number _____

Social Security Number _____ Date of Birth _____

Under penalty of perjury, I swear and affirm that the above-named charter bus driver has been removed from service.

Date of removal / / .

Date

Signature of Employer/Designee

Secretary of State Assigned Employer #

Employer Name

Employer Telephone Number

Employer Address

Employer Fax Number

*NOTE: This certification of employee removal applies only to drivers whom the Secretary of State's office has cancelled or suspended or will be suspending based on information provided on the reverse side of this form.

Notification/Certification forms should be mailed directly to the Secretary of State, CDL/Safe Ride Section, 2701 S. Dirksen Parkway, Springfield, Illinois 62723.

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.

ILLINOIS SECRETARY OF STATE EMPLOYER NOTIFICATION REPORT

Charter Bus Driver Information

Last Name First Name M.I.

Street Address City State ZIP

Driver's License Number _____

Employer Number _____

Social Security Number _____ Date of Birth _____

The above-named Charter bus driver

while holding a previously issued valid Charter Bus Driver Endorsement, has now on ____/____/____ been accepted for employment as a charter bus driver with our company.

is, as of ____/____/____, no longer employed as a charter bus driver by our company.

was involved in a charter bus-related accident on ____/____/____ and was required to submit to the post-accident testing requirements as set forth in 49 CFR 382.303. This notification should be submitted no later than one business day following the date of the accident.

has failed to obtain a negative result on a drug test as required pursuant to Section 6-508 of the Illinois Vehicle Code (625 ILCS 5/6-508) or under federal law on ____/____/____.

has refused to submit to or failed to complete a test or tests to obtain a negative result on a drug test as required pursuant to Section 6-508 of the Illinois Vehicle Code (625 ILCS 5/6-508) or under federal law on ____/____/____.

Date

Signature of Employer/Designee

Secretary of State Assigned Employer #

Employer Name

Employer Telephone Number

Employer Address

Employer Fax Number