OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING SCHOOL SECTION
1800 W. HAWTHORNE LN.
WEST CHICAGO, IL 60185
630-520-9310
ILSOS.GOV

NOTICE OF TERMINATION
(INSTRUCTOR)

FROM: _____ **DATE:** _____
Name of Driver Training School

_____
Street Address

_____
City State

TO: Secretary of State
1800 W. Hawthorne Lane
West Chicago, IL 60185

ATTENTION: COMMERCIAL DRIVER TRAINING SCHOOL 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 TEH 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... _____

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