



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

Driver Services – CDL Unit
2701 S. Dirksen Pkwy.
Springfield, IL 62723
217-785-3108
www.cyberdriveillinois.com

REPORT OF TRAFFIC CONVICTION IN A COMMERCIAL MOTOR VEHICLE

Complete this form if you hold an Illinois driver’s license and you incurred a traffic violation while operating a commercial motor vehicle, as defined in the Commercial Motor Vehicle Safety Act of 1986, outside the State of Illinois.

Complete lines 1 through 17 and mail this form within 30 days of the conviction to:

Secretary of State
Driver Services Dept., CDL Section
2701 S. Dirksen Pkwy., Springfield, IL 62723
800-252-8980

1. Illinois Driver’s License Number: _____
2. Full Name: _____
3. Address: _____

Last
First
Middle Initial
4. Sex: Male Female Date of Birth: _____

City
State
Zip Code
County
5. Docket/Ticket/Case Number: _____
6. Date of Arrest: _____
7. Date of Conviction, Supervision, Deferred Sentencing, Etc.: _____
Month/Day/Year
8. Traffic Law or Ordinance Violated: _____
9. Description of Traffic Violation: _____
10. Accident: Yes No Injury Fatality
11. State Where Traffic Violation Occurred: _____
12. Location of Court — City/County: _____
13. Address of Court: _____
14. Commercial Vehicle License Plate Number: _____ State: _____
15. Employer: _____
16. Employer’s Address: _____
17. Signature: _____ Date: _____