



**OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT
 2701 South Dirksen Parkway • Springfield, Illinois 62723
 WAIVER REQUEST**

DATE OF REQUEST: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

DRIVER'S LICENSE #: _____

TELEPHONE NUMBER: _____

REASON FOR BREAK IN DRIVER'S LICENSE RECORD:

(To be completed by applicant. If more room is needed, attach extra paper. Attach any documentation to verify this information i.e., doctor, hospital records, etc.)

Date

Signature of Applicant

(When form has been completed, forward to the attention of the School Bus Safety Section at the above address.)

OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.

- _____ Based upon my review, the circumstances leading to the break in this applicant's valid driver's license record are acceptable and a waiver is granted.
- _____ Based upon my review, the circumstances leading to the break in the applicant's valid driver's license record are not acceptable and a waiver is not granted.

REMARKS: _____

Date

Authorized Personnel Signature