



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING SECTION
650 ROPPOLO DR.
ELK GROVE VILLAGE, IL 60007
847-981-7455
www.cyberdriveillinois.com

Enhanced Skills Driving School Application for Branch Office License

(Please print or type.)

Name of Enhanced Skills Driving School		Business Hours		Month	Date of Application Day	Year
Street Address of Driving School Facility (Branch)			City	State	ZIP Code	
Telephone Number (Branch)	Type of Business: (check one) Any change in type of business requires a new application. Failure to make such application may result in action against your school license. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association					

Names, addresses and telephone numbers of all owners, partners, associates, corporate directors, officers and managers:

Name	Address	Position	Home Telephone

1. Was the branch facility licensed during the previous year? Yes No
 If YES, have changes been made to the facility since then? Please explain: Yes No

2. Does your branch facility comply with all state laws and regulations and all municipal ordinances and regulations relating to public health and public safety for the school and business facilities? Yes No

Conditions

As a condition of the issuance and continued effect of an Enhanced Skills Driving School license, the undersigned undertakes and agrees to the following conditions:

- A. To maintain adequate records, as prescribed by the Illinois Compiled Statutes and rules and regulations thereunder, and to permit the inspection of such records by an authorized representative at reasonable times.
- B. To employ or otherwise make use to instructors who have been properly licensed by the Secretary of State to instruct at the applicant's school.
- C. To advise the Secretary of State, using Secretary of State forms, whenever the instructor's employment is terminated by the applicant along with a brief statement of the reasons for such termination.
- D. To comply with all state laws and regulations, and all municipal ordinances and regulations relating to public health and public safety for the school and business facility.
- E. To comply with all provisions of the Illinois Compiled Statutes and the rules and regulations relating to Enhanced Skills Driving Schools.
- F. To advise the Secretary of State within 20 days of any material change in the application or the schedules made a part thereof.

Under penalty of perjury, I/we swear and affirm that all the information submitted by me/us regarding this application is true and correct. I/We also swear and affirm that no fictitious or fraudulent documents have been presented for the purpose of this application.

_____ Signature	_____ Title
_____ Signature	_____ Title
_____ Signature	_____ Title
_____ Signature	_____ Title

Each owner, partner, associate, manager, and a majority of the corporate directors and officers of the Enhanced Skills Driving School must sign above (one signature per line).

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result in the revocation of your Enhanced Skills Driving School license.

**Mail completed application (including schedules) along with the required \$50 fee to:
Office of the Secretary of State
Commercial Driver Training Section
650 Roppolo Dr.
Elk Grove Village, IL 60007**