



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

**Application for Enhanced Skills Driving Instructor License**

(Please type or print)

Original application  Renewal application

Applicant's Name			Last	First	Middle	Date of Application		
						Month	Day	Year
Home Street Address			City		State		ZIP Code	
Home Telephone Number		Social Security Number		Current Illinois Driver's License Number		Expiration Date		
Month	Date of Birth		Place of Birth		City		State	
	Day	Year						
Height		Weight		Eye Color		Hair Color		Sex
Name of Driving School where you will instruct					Address of Driving School			

**List employment experience for the last five years with the most recent first.**

Name of Firm: \_\_\_\_\_ Address of Firm: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
From: To:

Name of Firm: \_\_\_\_\_ Address of Firm: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
From: To:

**Please answer the following questions. All questions answered YES must be explained on page 2.**

- |  |   |
|--|---|
| 1. Have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 10. Have you ever been convicted of any misdemeanor other than traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| 2. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 11. Are you now involved with any charges or court proceedings relating to questions 2 through 10? <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 3. Have you ever been convicted of reckless homicide? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 12. Has your driver's license ever been refused, cancelled, suspended or revoked in Illinois or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been convicted of driving under the influence of alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 13. Are there any unsatisfied motor vehicle accident judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |
| 5. Have you ever been convicted of driving under the influence of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 14. Have you ever been convicted of reckless driving? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 6. Have you ever been convicted of driving under the influence of prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 15. Has your Enhanced Skills Driving Instructor License ever been denied, cancelled, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| 7. Have you ever been convicted of leaving the scene of a traffic accident involving death or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No                           | 16. Are you currently employed or have you ever been employed by the Illinois Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| 8. Have you ever been convicted of perjury or making any false statements relating to any portion of the Illinois Vehicle Code? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| 9. Have you ever been convicted of any traffic violation other than parking violations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |

Please provide an explanation for any questions answered YES on page 1:

**As an authorized official of the aforementioned Enhanced Skills Driving School, I authorize the individual named herein to apply for an Enhanced Skills Driving Instructor License for the aforementioned school.**

School Official's Signature: \_\_\_\_\_

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The applicant undertakes and agrees that:

- (1) If he/she terminates employment with the Enhanced Skills Driving School listed herein, he/she will surrender his/her license to the instructor for said driving school immediately.
  - (2) If he/she becomes employed by another driving school, he/she will make an application for a new instructor's license for said driving school.
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I hereby affirm my understanding that it is a violation of the Illinois Vehicle Code for an individual to make false application or affidavit, to swear or affirm falsely, or to display or present any document that is fictitious or has been unlawfully altered for the purpose of making application for an Enhanced Skills Driving Instructor License. I further affirm that all the information set forth in the foregoing application is true and correct.

Applicant's Signature: \_\_\_\_\_

**Mail completed application to:  
Office of the Secretary of State  
Commercial Driver Training School Section  
1800 W. HAWTHORNE LN.  
WEST CHICAGO, IL 60185**