



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING/CDL DIVISION

www.cyberdriveillinois.com

**Application for
CDL THIRD-PARTY CERTIFICATION
ENTITY LICENSE
(Please Print or Type)**

NAME OF CDL THIRD-PARTY CERTIFICATION ENTITY

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

BUSINESS HOURS

CDL classifications in which you intend to certify:

Class A _____ Class B _____ Class C _____ Passenger Endorsement _____

School Bus _____

Have you submitted for approval a prescribed drive-test course (route) for this location? Yes ___ No ___

Have you submitted an Agreement Between the Illinois Secretary of State and Driver's License Third-Party Certification Entity form? Yes ___ No ___

Have you submitted a bond in the amount of _____? Yes ___ No ___
(Exception: A Third-Party Certification Entity that is a government entity is not required to maintain a bond.)

Under penalty of perjury, I (We) swear and affirm that I (we) have read the foregoing application, are familiar with all its contents, and believe that all answers contained therein are true in substance and in fact.

Signature	Title	Date
Signature	Title	Date

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result in the denial of a third-party certification entity license.

PLEASE NOTE THAT THIS APPLICATION IS FOR YOUR MAIN THIRD-PARTY CERTIFICATION PROGRAM LICENSE. IF YOU PLAN TO CONDUCT DRIVE TESTS FROM OTHER SITES, A BRANCH APPLICATION AND A PRESCRIBED DRIVE-TEST COURSE (ROUTE) MUST BE SUBMITTED FOR EACH LOCATION.