



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

SAFE RIDE SECTION
2701 S. DIRKSEN PARKWAY
SPRINGFIELD, IL 62723
217-782-7674
www.cyberdriveillinois.com

School Bus Driver Return From Active Duty Form

School Bus Driver Information

Last Name: _____ First Name: _____ M.I.: _____

Address: _____
Street, City, State, ZIP

Driver's License Number: _____ Date of Birth: ____ / ____ / ____

Social Security Number: _____

Illinois File Number (out-of-state drivers only): _____

Date of Return from Active Duty: _____
(Enclose a copy of return orders.)

Employer Information

Employer's Name: _____

Employer's Address: _____
Street, City, State, ZIP

Employer's Representative: _____

Employer's Telephone Number: _____

Employer's School Bus Number: _____