

BAIID QUESTIONNAIRE



Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS

Rm. 212 Howlett Bldg. 17 N. State, Ste. 1200,
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Springfield, IL 62756
217-782-2192

www.cyberdriveillinois.com

YOU MUST ANSWER THESE QUESTIONS:

1. What type of permit (s) are you requesting?
 Employment Medical Support Educational Family Education Day Care BAIID Required RDP
2. List the vehicle(s) (make, model, year) in which you will install the BAIID. Circle the vehicle(s) that you own.
3. How many other drivers are in your household? Give names, ages and relationships.
4. Do you take any prescription medications? If so, please list:

YOU MUST ANSWER THESE QUESTIONS IF YOU ARE REQUESTING A WORK PERMIT TO DRIVE A PERSONAL VEHICLE:

5. What is your specific occupation?
6. Are you requesting a permit to drive a **personal vehicle**:
to and from work? Yes No
on the job? Yes No

If yes, identify the vehicle by make, model, year.

YOU MUST ANSWER THESE QUESTIONS IF YOU ARE REQUESTING A WORK PERMIT TO DRIVE A WORK VEHICLE:

7. Are you requesting a permit to drive a **work vehicle**:
to and from work? Yes No
on the job? Yes No
8. Are you allowed to take one of these work vehicles home? Yes No
9. Are you allowed to use the work vehicle for personal use? Yes No
10. Is there any other information about your employment situation that you believe is important in determining your specific driving needs?

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this Affidavit are true and correct.

Dated this _____ day of _____ 20 _____.

Petitioner's Name (print) Driver's License # _____

Petitioner's Signature _____

Telephone Number (____) _____ (____) _____
Home Work