



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

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

**ONLINE-ONLY ADULT DRIVER EDUCATION
COURSE PROVIDER PERSONAL HISTORY**

(This form must be completed by all owners, partners, associates, corporate directors, officers and managers)

Date of Application: _____

Name of Online-Only Adult Education Course Provider: _____

Position at Online-Only Adult Education Course Provider: _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

Street: _____ City: _____

State: _____ ZIP: _____

Phone: _____ Email: _____

QUESTIONS

“YES” or “NO”

1	Are you a current salaried or contractual employee of the Secretary of State?	
2	Have you ever been known by any name other than the one shown on this personal history?	
3	Has your Online-Only Adult Education Course Provider Certification ever been denied, canceled, suspended, disqualified or revoked?	
4	Do you owe any outstanding fees to the Secretary of State?	
5	Have you ever been convicted of a felony?	
6	Are you currently, or have you ever been, associated with an Online Driver Education Course in any other state or country?	
7	If yes, to #6, was your license/certification/accreditation ever denied, canceled, suspended, disqualified or revoked?	
8	Have you been declared to have engaged in fraudulent activity within the past five (5) years?	

EXPLANATION OF PREVIOUS QUESTIONS ANSWERED “YES”

Any material change affecting the answers or statements in this schedule must be reported within 20 days to the Commercial Driver Training Section, Office of the Secretary of State, 650 Roppolo Drive, Elk Grove Village, IL 60007.

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 documentation that is fictitious or has been unlawfully altered, for the purposes of making application for a commercial driving school owner or manager. I further affirm that all information set forth in the foregoing schedule is true and correct. I also hereby affirm that as an owner/manager, I have been fingerprinted in accordance with the rules and regulations of the Illinois Vehicle Code.

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and may result in the revocation of your Online-Only Adult Education Course Provider Certification.

APPLICANT SIGNATURE: _____