



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING/CDL DIVISION

www.cyberdriveillinois.com

**Application for  
CDL THIRD-PARTY CERTIFICATION  
PROGRAM SAFETY OFFICER LICENSE  
(Please Print or Type)**

Applicant's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Name of Third-Party Certification Entity for Which You Will Test \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Questions

1. Have you ever been convicted of driving while under the influence of alcohol, other drugs or a combination thereof; leaving the scene of an accident; or reckless homicide or reckless driving? \_\_\_ Yes \_\_\_ No
2. Have you ever received a suspension for repeated involvement as a driver in a motor vehicle collision or for a violation of the Implied Consent Provision, received a Statutory Summary Suspension or had repeated convictions of traffic offenses? \_\_\_ Yes \_\_\_ No
- \*3. Have you ever been convicted of felony? \_\_\_ Yes \_\_\_ No
- \*4. Have you ever been convicted of a misdemeanor involving fraudulent activity? \_\_\_ Yes \_\_\_ No
5. Has your license to drive in Illinois or any other state ever been denied, canceled, suspended or revoked? \_\_\_ Yes \_\_\_ No
6. Has your Third-Party Certification Program Safety Officer License ever been denied, canceled, suspended or revoked? \_\_\_ Yes \_\_\_ No
7. Are you currently employed by a commercial driver training school? \_\_\_ Yes \_\_\_ No

Explanations of the previous questions answered "yes."

\_\_\_\_\_

\_\_\_\_\_

\* Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

THIS PORTION MUST BE COMPLETED BY THE APPLICANT

I intend to skills test employees or members in the following classifications:

Class A \_\_\_ Class B \_\_\_ Class C \_\_\_

I intend to skills test employees or members in the following classifications:

Passenger \_\_\_ School Bus \_\_\_

I intend to skills test employees or members in order to remove the following restrictions:

No Air Brake (L)\_\_\_ No Full-Air Brake (Z)\_\_\_ No Tractor-Trailer (O)\_\_\_ No Manual Transmission (E)\_\_\_

The applicant undertakes and agrees that:

1. If he/she terminates employment with the third-party certification entity listed herein, he/she will surrender his/her license to test for said third-party certification entity.
2. If he/she becomes employed by another third-party certification entity, he/she will make application for a new safety officer license for said third-party certification entity.

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

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

This application must be signed by an authorized official of the third-party certification entity.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_