



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

TVDL
2701 S. DIRKSEN PARKWAY
SPRINGFIELD, IL 62723
www.cyberdriveillinois.com

TVDL VERIFICATION OF RESIDENCY FORM

To be submitted by non-visa status individuals applying for a Temporary Visitor Driver's License (TVDL).
FORM MUST BE COMPLETED IN ENGLISH.

You must complete this form and submit it to the Secretary of State's office when you apply for a Temporary Visitor Driver's License. In addition to this form, there are other documents you must bring. Please review the list of required documents at www.cyberdriveillinois.com.

To be eligible for a Temporary Visitor Driver's License, a non-visa status individual must have lived in Illinois for at least one year. The information you provide on this form will be reviewed by Illinois Secretary of State employees to determine eligibility for the license.

Forms may be rejected if the information provided is incomplete.

Name:				Date of Birth:			Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	
Telephone Number:				Email Address:						
Instructions:	<p>In the next sections, you must provide information for each address you have lived in the last 12 months. Please provide complete and accurate information. If applicable, apartment or unit numbers must be included.</p> <p><i>Your application may be denied if you do not include apartment numbers for multiple-unit addresses.</i></p>									
Current Address:										
Street Address:							Apt./Unit#:			
City:				State:			ZIP Code:			
Dates lived at this address:	From:	To:	Please Check One: <input type="checkbox"/> Own/Buying <input type="checkbox"/> Renting <input type="checkbox"/> Other If other, please specify:							

Previous Address:										
Street Address:							Apt./Unit#:			
City:				State:			ZIP Code:			
Dates lived at this address:	From:	To:	Please Check One: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other If other, please specify:							

Previous Address:										
Street Address:							Apt./Unit#:			
City:				State:			ZIP Code:			
Dates lived at this address:	From:	To:	Please Check One: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other If other, please specify:							

Previous Address:										
Street Address:							Apt./Unit#:			
City:				State:			ZIP Code:			
Dates lived at this address:	From:	To:	Please Check One: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other If other, please specify:							

Submit additional copies of this form if necessary to provide residence information for the prior 12 months.

Under penalties of perjury, I swear or affirm that all information provided on this form is true and correct.

TVDL Applicant's Signature: _____ Date: _____