PUBLIC PASSENGER VEHICLE
REGIONAL LICENSING GROUP

ARLINGTON HEIGHTS – BUFFALO GROVE – DEERFIELD – ELK GROVE
MT. PROSPECT – ROLLING MEADOWS – SCHAUMBERG

_____
STICKER NO.

NEW CHAUFFEUR'S
LICENSE APPLICATION

_____
Last Name First Name Middle Initial

_____
Street Address

_____
City State Zip

_____
Home Phone Business Phone

Sex_____ Race_____ Date of Birth_____ Height_____ Weight_____

Eye Color_____ Hair Color_____ Place of Birth_____

Social Security No._____ DL No_____

Restrictions_____ Company you're driving for_____

Have you ever been convicted of a felony? [ ] Yes [ ] No

If yes, please explain_____

Has your driver's license ever been suspended or revoked? [ ] Yes [ ] No

If yes, please explain_____

Can you read and write the English language? [ ] Yes [ ] No

Have you ever been known by any other name? [ ] Yes [ ] No

Please list_____

Do you have any tattoos, prominent scars, or deformities? [ ] Yes [ ] No

Please list_____

I do hereby certify that the information contained in this application has been furnished by me and to the best of my knowledge is correct. Further, I affirm that any change in the information contained in this application will require immediate notification of the Public Passenger Vehicle Licensing Group.

Signature_____Date_____