

PUBLIC PASSENGER VEHICLE REGIONAL LICENSING GROUP

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

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 _____