Office of the Secretary of State
Driver Services Department

FIELD SERVICES
2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
217-782-7044
www.cyberdriveillinois.com

AFFIDAVIT / CONSENT FOR MINOR TO DRIVE

I, _____, Driver's License/ID Number _____,
Name

Telephone Number _____,

State and affirm that I am legally responsible for the below mentioned minor:

_____, _____, Driver's License/IP Number _____,
Name Date of Birth

and that my relationship to the above-mentioned minor is:

_____.
Parent/Legal Guardian, Other Responsible Adult

If other responsible adult, explain relationship: _____

I hereby certify and give my written consent to the Secretary of State for the issuance of a driver's license to the minor named on this affidavit. I certify that the above-mentioned minor has had 50 hours of behind-the-wheel practice time, including 10 hours of night-time driving and that the minor is sufficiently prepared and able to safely operate a motor vehicle.

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), the undersigned certified that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief, and as to such matters the undersigned certified as aforesaid that he/she verily believes the same to be true.

Signature: _____

Address: _____

City: _____ State _____ ZIP Code _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public

My commission expires _____

PLACE NOTARY SEAL HERE

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