



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

DRIVER SERVICES
2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
ILSOS.GOV

APPLICATION FOR A REPLACEMENT PROBATIONARY LICENSE

IMPORTANT: To ensure the issuance of your Probationary License, you must:

1. Complete Section 1. Include current mailing address. If different from the address on your license, indicate whether it is a temporary or permanent address change.
2. Read and sign the Affirmation Statement and include a daytime telephone number so we can contact you if a problem occurs with your registration.
3. Send this application and a \$5 check or money order (no cash) to:

Secretary of State, ATTN: Special License Unit, 2701 S. Dirksen Parkway, Springfield, IL 62723.

For further information, call (217) 782-2720.

**YOU MUST COMPLETE ALL INFORMATION IN THE FOLLOWING THREE SECTIONS.
ALL INFORMATION MUST BE TYPEWRITTEN OR PRINTED IN INK.**

SECTION 1					
NAME	Last	First	Middle Initial	DATE OF BIRTH	
DRIVER'S LICENSE NUMBER	EXPIRATION DATE		CLASS	RESTRICTIONS	TYPE
STREET ADDRESS			COUNTY		
CITY OR TOWN	STATE	ZIP	SOCIAL SECURITY NUMBER		
SUSPENSION EFFECTIVE DATE		TERMINATION DATE			

SECTION 2	
ISSUE DATE	EXPIRATION DATE

SECTION 3
AFFIRMATION STATEMENT
Under penalties of perjury, Section 6-302 of the Illinois Vehicle Code. I swear and affirm that all of the information submitted by me regarding this application is true and correct. I also swear and affirm that no fictitious or fraudulent documents have been presented for the purpose of this application.
Signature of Applicant: _____
Daytime Telephone Number: _____