



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

SAFE RIDE SECTION  
2701 S. DIRKSEN PARKWAY  
SPRINGFIELD, IL 62723  
217-782-7674  
www.ilsos.gov

**School Bus Driver Active Duty Form**

**School Bus Driver Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, ZIP

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_\_

Illinois File Number (out-of-state drivers only): \_\_\_\_\_

Date of Deployment: \_\_\_\_\_  
(Enclose a copy of deployment orders.)

Expected Date of Return from Active Duty: \_\_\_\_\_  
(If date is extended, the Secretary of State's office must be notified.)

**Employer Information**

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street, City, State, ZIP

Employer's Representative: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

Employer's School Bus Number: \_\_\_\_\_