



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

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

School Bus Driver Employer Notification/Removal Form

School Bus Driver Information: (to be completed by employer)

Driver's Name: _____
Last First Middle Initial

Address: _____
Street City State ZIP

Driver's License Number: _____ Social Security Number: _____ Date of Birth: _____

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

The above-named school bus driver:

- While holding a previously valid School Bus Driver Permit, has on ____/____/____, been accepted for employment as a school bus driver with our office/company/district.
- Has gone past the due date of ____/____/____ for refresher training. Permit will be canceled until driver complies.
- Is no longer employed as a school bus driver by our office/company/district as of ____/____/____.
- Was involved in a school bus-related accident on ____/____/____, and was required to submit to post-accident testing requirements as set forth in 49 CFR 382.303. Notification must be submitted no later than one business day following date of accident.
- Has failed to submit to, failed to complete, or failed to obtain a negative result on a drug test as required pursuant to Section 6-106.1 (g) (5) of the Illinois Vehicle Code (625 ILCS 5/6-106.1) or under federal law on ____/____/____ and was removed from service.
- Has failed to perform the inspection procedure according to the policy set forth in the local school district as required pursuant to Section 12-816 of the Illinois Vehicle Code (625 ILCS 5/12-816) on ____/____/____.
- Has failed to submit to or failed a reasonable suspicion alcohol and/or drug test pursuant to 625 ILCS 5/6-106.1c of the Illinois Vehicle Code on ____/____/____ and was removed from service.

In accordance with Part 1035.45 of the Administrative Rules (92 Illinois Administrative Code), this form shall serve as notification of the above-listed information.

It is the responsibility of a prospective, current or previous employer to maintain records of certification and all verifications on the premises, which must be available for immediate inspection by the Secretary of State for a period of two years.

Any individual, corporation, partnership or association who permits a person to operate a school bus if the driver has not complied with the provisions of Section 6-106.1 of the Illinois Vehicle Code or 92 Illinois Administrative Code 1035 et seq. may be subject to a fine of \$1,000 to \$10,000 (625 ILCS 5/6-106.11).

The signature below verifies that the employer has maintained a file of all relevant documentation required to be kept pursuant to state and federal law and that said documentation constitutes prima facie evidence at any future legal proceeding that the drug test results are accurate and that the procedures used obtain said results satisfy all legal requirements, regardless if the employee refuses to take or fails to obtain a negative result in response to a request by the employer to take a required drug test.

Mail or Fax form to: Secretary of State, Driver Services Department, Safe Ride Section, 2701 S. Dirksen Pkwy., Springfield, IL 62723, 217-524-3654 (Fax)

Date: _____ Signature of Employer/Designee: _____

SOS Assigned Number: _____ Employer's Company Name: _____

Employer's Telephone Number: _____ Employer's Address: _____

Employer's Fax Number: _____