2701 S. DIRKSEN PARKWAY SPRINGFIELD, IL 62723 ilsos.gov

## **TVDL APPOINTMENT DOCUMENT CHECKLIST**

Applicant	Name:		Appt. Date:	Appt. Time:
	cation:			
Confirma	tion #:	Agency Completing	g Form:	
	npleted By:			
Applican	t has the following CORRECT d	locuments:		
	Name and Date of Birth	☐ Written Signature	□ 12-Mo	nth Residency
	Current Address — 1	_		•
N.T.	ID ( ADI II (O )		*All documents M	UST be in the applicant's name.
	d Date of Birth (One):		С 1 Б : .:	D 4
	Unexpired Passport — Expiration		ar Card — Expirati Guatemala, Ecuador, E	
Written S	Signature (One):	(mexico,	Guaremara, Leadaor, L	muzu, Colomolu)
	Unexpired Passport — Expiration	n Date:		
	Consular Card — Expiration Date	e:		
12-Montl	h Residency (One document that	must be dated over a year ago	):	
		• 0		
	(must have been issued over a year	ago and cannot also be used for 90 d	day.)	
	Bank Statement (cannot be a sur	nmary) — Date:		
	Certified School Transcripts — I			
	Deed/Title, Rental, Lease, Mortg			
	Medical Claim or Statement of b			
	Official Mail from State, County (Subject to SOS approval. For exam	y, City, Village, or Federal agency uple, we do not accept DHS or IRS do	— Date:	
	Pension or Retirement Statemen	t — Date:		
	Report Card — Date:			
	☐ Tuition Invoice from a College or University — Date:			
	Home Owner's or Renter's Insur	• ———		
	Selective Service Card — Date:			
Current 1	Residency (One document dated	in the last 90 days):		
	Consular Card — Expiration Da			
	•	nd cannot also be used for 12-month	• 1	
	Credit report from Experian, Equ			
	Bank Statement (1) — Date:			ink) — Date:
	Utility Bill (1) — Date:	(Must be from different of		lity bill.)
	1			
	Deed/Title, Mortgage, Rental/Lease — Date:			
	Medical Claim or Statement of I (No bills from doctor's offices.)	Benefits — Date:		
	Official Mail from State, County (These documents are subject to SO	r, City, Village, or Federal agency S approval. For example, we do not		ocuments.)

(Continued on reverse side.)

## Current Residency Documents Checklist continued.

	Pension or Retirement Statement — Date:
	Report Card — Date:
	Tuition Invoice from a College or University — Date:
	Home Owner's or Renter's Insurance Policy — Date:
	Selective Service Card — Date:
Notes:	
	icant visited a SOS facility to check the status of his/her driving record?
	Yes □ No
	ng: Verification of Residency Form, Proof of Car Insurance and \$30 fee. (Applicant should also be pre- bay any outstanding reinstatement fees.)