



OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT

CENTRAL SERVICES DIVISION
 2701 S. DIRKSEN PARKWAY
 SPRINGFIELD, IL 62723
 217-782-7044
 www.ilsos.gov

Affidavit of Inability to Surrender Driver's License, Identification Card, or Permit

State of Illinois)
)
 County of _____)

I, First Name _____ Middle Name _____ Last Name _____ ,
 being first duly sworn, do hereby affirm:

1. That I reside at: Street _____ Apt. No. _____
 City _____ in the State of _____ , ZIP Code _____ .
2. That I was born on the _____ day of _____ month , _____ year.
3. That I have previously been issued:
 - Illinois Driver's License, License Number _____
 - Illinois Identification Number _____
 - Restricted Driving Permit from the State of Illinois, Permit Number _____
 - Driver's License/Identification Card from the State of _____ , the number of which is _____ , with an Expiration Date of _____ .
4. That I am unable to surrender said driver's license, identification card or permit to the Secretary of State because: _____
 _____ , and that said license is not now in or subject to my possession.
5. That in the event that said driver's license, identification card or permit hereafter comes into my possession, I will promptly surrender same to the Office of the Secretary of State.

Signature _____ Date _____