



**Reapplicant** (To be completed by the employer)

This section must be completed by marking the box and indicating the date the examination is valid through before an applicant will be allowed to retain a charter bus driver endorsement at a facility.

Completed a D.O.T. Medical Examination, including chemical testing for drugs.  
Medical Examination valid through \_\_\_\_\_  
Date

**NOTE TO EMPLOYER:** Reapplicants (within 30 days subsequent to the expiration of a license) are not required to be refingerprinted.

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**Certification**

Under penalty of perjury, I swear and affirm that the applicant meets all requirements in accordance with Sections 6-104 and 6-508 of the Illinois Vehicle Code [625 ILCS 5/6-104 and 5/6-508].

_____	_____
Date	Signature of Employer/Designee
_____	_____
Secretary of State Assigned Employer #	Employer Name
_____	_____
Employer Telephone Number	Employer Address
_____	_____

**NOTE TO EMPLOYER:** It is the responsibility of a prospective, current or previous employer to maintain records of certifications and all verifications on the premises, which would be available for immediate inspection by the Secretary of State.

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**Secretary of State Facility Use Only**

Is this applicant in compliance with the requirements of Sections 6-104 and 6-508 of the Illinois Vehicle Code?

Yes    No

\_\_\_\_\_  
Facility Representative Signature/Employee Number