



OFFICE OF THE SECRETARY OF STATE
 DRIVER SERVICES DEPARTMENT

650 ROPPOLO DR.
 ELK GROVE VILLAGE, IL 60007
 847-981-7455
 www.cyberdriveillinois.com

**Application for
 Third-Party Certification Program Branch License**

Please Print or Type

Name of Third-Party Certification Entity

Street Address

City

State

ZIP Code

Phone Number

Business Hours

Does your facility meet all state and local health and safety laws: Yes No

Have you submitted for approval a prescribed drive test course (route) for this location? Yes No

I (We) the undersigned affirm that we have read the foregoing application, we are familiar with all of its contents, and believe that all answers contained therein are true in substance and in fact.

Signature	Title	Date
Signature	Title	Date

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result in the denial of your third-party certification program license.

A notary must complete the box below.

Subscribed and sworn to before me this _____ day of _____, 20 _____	
SEAL	_____ Notary Public Signature
	_____ Notary Address