



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

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

Schedule II — Safety Inspection
Enhanced Skills Driving School Motor Vehicle Fleet
(Supplement — Additions and Deletions)

(Please print or type)

This form must be completed and filed with the Secretary of State, Commercial Driver Training Section, within 10 days of any addition or deletion to the motor vehicle fleet of any Enhanced Skills Driving School.

Name of Enhanced Skills Driving School				Date of Inspection		
				Month	Day	Year
Street Address		City	State	ZIP Code	Telephone Number	

Additions

The applicant swears that all vehicles described herein are: (1) registered in the name of the Enhanced Skills Driving School described herein, (2) in safe mechanical condition, (3) properly identified in compliance with the rules and regulations relating to Enhanced Skills Driving School signs on owned or leased motor vehicles, and (4) properly insured in compliance with the Illinois Vehicle Code and the rules and regulations providing therefor.

1. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
2. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
3. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
4. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
5. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
6. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
7. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
8. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
9. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
10. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____

11. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____
12. Year _____ Make _____ Serial Number _____ Owned Leased
 Current License Plate Number _____ Inspection Certificate # _____ Inspector's Initial's _____
 Name and Address of Lessor (if leased) _____

The undersigned swears (affirms) that he/she is an authorized representative of the Enhanced Skills Driving School listed on this application; that he/she is authorized to execute this affidavit; and that the information contained herein is true in substance and in fact.

 Signature of Authorized Representative of Enhanced Skills Driving School

NOTE: This schedule will not be accepted unless:

- (1) The above authorized representative is listed in the general information section of the Enhanced Skills Driving School License Application as an owner, manager, partner or corporate officer, and has filed a personal history schedule with the Secretary of State's office.
- (2) Insurance certificates for all the vehicles listed in the additions section accompany this supplementary schedule.

To be completed by the Vehicle Inspection Station.

Inspection Station Name: _____

Address: _____

City: _____

Deletions

The applicant swears that:

- (1) The following vehicles are no longer operated by the Enhanced Skills Driving School named herein for driving training purposes.
- (2) The Safety Inspection — Insurance Certification Decal issued by the Secretary of State's office has been removed and destroyed.

1. Year _____ Make _____ Decal Number _____ License Plate Number _____ Owned Leased
 Name and Address of Lessor (if leased) _____
2. Year _____ Make _____ Decal Number _____ License Plate Number _____ Owned Leased
 Name and Address of Lessor (if leased) _____
3. Year _____ Make _____ Decal Number _____ License Plate Number _____ Owned Leased
 Name and Address of Lessor (if leased) _____
4. Year _____ Make _____ Decal Number _____ License Plate Number _____ Owned Leased
 Name and Address of Lessor (if leased) _____
5. Year _____ Make _____ Decal Number _____ License Plate Number _____ Owned Leased
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 Name and Address of Lessor (if leased) _____
11. Year _____ Make _____ Decal Number _____ License Plate Number _____ Owned Leased
 Name and Address of Lessor (if leased) _____
12. Year _____ Make _____ Decal Number _____ License Plate Number _____ Owned Leased
 Name and Address of Lessor (if leased) _____