

Illinois Secretary of State

Document Requirements to obtain a Driver's License/State ID Card

The Acceptable Identification Document chart (reverse) lists documents that may be used as forms of identification to provide proof of legal name, date of birth, Social Security number and residency when applying for a driver's license/ID card. Please note the following:

- Signature comparison is required in the verification process.
- The number of documents required depends on whether an applicant is applying for a driver's license/ID card for the first time, or requesting a duplicate or corrected driver's license/ID card.
- One document may satisfy more than one group.
- New residents must surrender all out-of-state licenses/ID cards prior to issuance of an Illinois driver's license/ID card.
- An applicant applying for a Temporary Visitor Driver's License is not required to present documents from Group C. Instead, the applicant must sign a declaration on the TVDL application that the applicant is, at the time of application, ineligible to obtain a Social Security number.

First-time Illinois Driver's License/ID Card Applicant

An applicant applying for a driver's license or ID card for the first time in Illinois must present:

- one document that satisfies each of Group A, B and C
- two documents that satisfy Group D (one document from Group D if applicant is under age 5 applying for an ID card; one document if applicant is applying for a no-fee ID card presenting a Homeless Status Certification)

Duplicate/Corrected Driver's License/ID Card Applicant

An applicant applying for either a duplicate or corrected driver's license or ID card must present:

- one document that satisfies Group A
- one document that satisfies Group B, C or D (two documents from Group D if applicant is requesting an address change to appear on the document, unless applicant is under age 5 applying for an ID card or applicant is applying for a no-fee ID card presenting a Homeless Status Certification)
- An applicant who requests a change in name, date of birth, Social Security number or gender must provide identification to link the change from the previous information to the new information.

Illinois Driver's License/ID Card Renewal Applicant

An applicant renewing a current Illinois driver's license or ID card need only present his/her current valid driver's license or ID card if no changes are required. If the applicant does not have his/her current driver's license or ID card or changes are required, he/she must present:

- one document that satisfies Group A
- one document that satisfies each of Group B, C or D (two documents from Group D if applicant is requesting an address change to appear on the document unless applicant is renewing a no-fee ID card presenting a Homeless Status Certification)

ACCEPTABLE IDENTIFICATION DOCUMENTS

PHOTOCOPIES ARE NOT ACCEPTED

All acceptable documents presented for verification or proof must be valid (current and not expired). One document may satisfy more than one Group.

Group A — Written Signature

- Canceled Check (within 90 days prior to application)
- CDTP Certification Form
- Court Order
- Credit Card/Debit Card (major brand)
- Driver Education Certificate
- Government Driver's License
- Government ID Card
- Illinois Driver's License (current)
- Illinois ID Card (current)
- Medicare Card with suffix A, J, H, M or T
- Military Service Record (DD214)
- Mortgage or Installment Loan Documents
- Out-of-State Driver's License/ID Card (current)
- Passport (valid U.S. or foreign)
- Social Security Card
- U.S. Citizenship and Immigration Services (USCIS) Forms — I-551 (Alien Registration Card); I-766 (Employment Authorization Card); I-94 (Arrival/Departure Record) with Valid Passport
- U.S. Military Driver's License/ID Card (for signature verification only)

Acceptable major brand credit cards (for signature verification only) include American Express, Diners Club, Discover, Master Card and Visa.

Group B — Date of Birth

- Adoption Records
- Birth Certificate
- Court Order (Change of birth date)
- Certified Grade/High School/University Transcript
- Illinois Driver's License (current)
- Illinois ID Card (current)
- Military Service Record (DD214)
- Naturalization Certificate
- Passport (valid with complete date of birth)
- Social Security Award Letter (primary beneficiary only)
- U.S. Citizenship and Immigration Services (USCIS) Forms — I-551 (Alien Registration Card); I-571 (Refugee Travel Document); I-766 (Employment Authorization Card); I-797A (Notice of Action Status Change); I-94 (Arrival/Departure Record) with Valid Passport
- U.S. Military Driver's License/ID Card
- U.S. Passport Card (valid with complete date of birth)
- U.S. Visa

Group B documents must contain the applicant's full name and complete date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the document.

Birth Certificates must be original or certified by a Board of Health or Bureau of Vital Statistics within the U.S. or by the U.S. State Department, U.S. territories or Canada. A certified copy is a document produced by the issuing jurisdiction which has an embossed seal or an original stamped impression. Foreign passports and foreign birth certificates are accepted as proof if accompanied by any other item in Group B.

Group C — Social Security Number

- Illinois Driver's License Record
- Illinois ID Card Record
- Military Service Record (DD214)
- Social Security Award Letter (primary beneficiary only)
- Social Security Card (issued by SSA)
- U.S. Military Driver's License/ID Card

Group C documents must contain the applicant's name and full Social Security Number. If using an Illinois driver's license or ID record, the Social Security Number must have been previously verified with the SSA.

An applicant applying for a Temporary Visitor Driver's License is not required to present documents from Group C. Instead, the applicant must sign a declaration on the TVDL application that the applicant is, at the time of application, ineligible to obtain a Social Security number.

Group D — Residency (2 Documents Required)

- Affidavit-Certificate of Residency (Available only at a Drivers Service facility)
- Bank Statement (dated within 90 days prior to application)
- Canceled Check (dated within 90 days prior to application)
- Certified Grade/High School/College/University Transcript
- Credit Report (issued by Experian, Equifax or TransUnion, dated within 12 months of application)
- Deed/Title, Mortgage, Rental/Lease agreement
- Insurance Policy (homeowner's or renter's)
- Letter on Official School Letterhead (dated within 90 days prior to application)
- Medical Claim or Statement of Benefits (from private insurance company or public (government) agency, dated within 90 days of application)
- Official mail received from a State, County, City or Village or a Federal Government agency (must include first and last name of applicant and complete current address), may include — Homestead Exemption Receipt; Jury Duty Notice (issued within 90 days of application); Selective Service Card; Social Security Annual Statement; Social Security Disability Insurance Statement; Supplemental Security Income Benefits Statement; Voter Registration Card
- Pay Stub or Electronic Deposit Receipt
- Pension or Retirement Statement
- Phone Book, produced by a phone book publisher
- Report Card from Grade/High School or College/University
- Tuition invoice/official mail from college or university, dated within the 12 months prior to application
- Utility Bill (electric, water, refuse, telephone land/cell, cable or gas, issued within 90 days of application)

Group D documents must contain the applicant's full residence address. Documents in Groups A, B or C, that contain the full residence address also may be used for Group D.

One document from Group D is required for applicants under the age of 5 applying for an identification card.

Presenting a "Homeless Status Certification" for a no-fee Identification Card meets Group D requirements.

**After review of all identification presented,
Secretary of State management has the right
to accept or refuse any document.**

Both lists — acceptable and unacceptable — are subject to change.

Unacceptable Documents

- Bond Receipt or Bail/Bond Card
- Business Card
- Check Cashing Card
- Club/Fraternal Membership Card
- College or University ID Card
- Commercially produced (non-State or unofficial) ID Card
- Concealed Carry Card
- DHS Card (Department of Human Services)
- Fishing License
- HFS Card (Healthcare and Family Services)
- Handwritten ID/Employment Card
- Hunting License
- Illinois FOID Card
- Instruction Permit/Receipt
- Insurance Card
- Library Card
- Personal Mail
- Temporary Driver's License
- Traffic Citation (Arrest Ticket)
- Unlicensed Financial Institution Loan Papers
- Vehicle Registration
- Video Club Membership Card
- Wallet ID



Chicago Coalition
for the Homeless

Birth Certificate Authorization Letter

Date: _____

Dear Sir or Madam:

My name is _____. My date of birth is _____.
_____ at the Chicago Coalition for the Homeless is my attorney and I
give him/her permission to obtain my birth certificate on my behalf.

Sincerely,

Signature

State of _____
County of _____

Signed and sworn (or affirmed) to before me on _____ (date) by
_____ (name/s of person/s making statement).

(Signature of Notary Public)

[Seal]



ELIGIBILITY TO OBTAIN AN ILLINOIS BIRTH RECORD

Before a request for a copy of a birth record can be considered you must specify your eligibility to obtain it. ILCS410/535/25(4) states that copies of birth records may only be issued upon:

- The order of a court of competent jurisdiction
- The specific written request for a certification or certified copy by the person, if of legal age (18 or older), or by a parent or other legal representative* of the person to whom the record of birth relates; or
- The specific written request for a certification or certified copy by a department of the state, a municipal corporation, or the federal government

*77 Illinois AdmCode 500.10 refers to "Legal representative" as

- An attorney acting on behalf of a person(s) named on a birth certificate;
- An agent authorized by power of attorney;
- A court-appointed personal representative;
- An agent with written, notarized authorization from a person(s) named on a birth certificate for the purpose of obtaining a certified copy or certification for that person; or
- Any other agent, approved by the State Registrar as a legal representative of the person to whom the birth certificate relates.

NOTE: Any person who, willfully and knowingly uses or attempts to use, or furnishes to another for use, for any purpose of deception, any certificate, record, report, certification or certified copy thereof so made, altered, amended, or mutilated; or,

Any person who with the intention to deceive, willfully uses or attempts to use any certification or certified copy of a record of birth knowing that such certification or certified copy was issued upon a record that is false in whole or in part or that relates to the birth of another person, is guilty of a Class 4 felony in the state of Illinois (ILCS 410/535/27(f)).

ACCEPTABLE PROOF OF ID

A NON-EXPIRED, GOVERNMENT ISSUED PHOTO ID, such as a driver's license. If you have an extension sticker on your license, submit a **copy of both sides** of the license. If you do not have a driver's license, a photo ID Card issued by the Department of Motor Vehicles can be provided.

If your driver's license or ID Card is **expired or not available**, you must submit TWO (2) pieces of documentation with your name on them. In addition to your name, one piece must also have your current address on it to prove your identity.

ONE piece of documentation can be a bill or other USPS mail; the SECOND must be one of the items listed below:

- **Medical/car insurance card**
- **Bank statement**
- **Credit card statement**
- **Public assistance card**
- **Paycheck stub with imprinted information**
- **Active duty military ID w/ issued and expiration dates**
- **Voter's registration card**
- **EBT Link Card (Illinois Electronic Benefit Transfer)**
- **Car registration paperwork**

SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE

Matricula Consular card issued after October 2006 is acceptable on its own. However, if issued prior to October 2006, we need ONE additional type of documentation showing current address as noted above. If you do not have any of the items listed above, please submit a copy of a current utility bill (electricity, cellular phone, water, etc.) showing your name and current address.

If you are currently incarcerated, you can submit a dated copy of your prison intake/offender summary sheet containing your photo. If you have been released from prison within the last six months, a copy of the release papers along with the prison photo ID will be accepted.

If you are writing from a state or federal agency, you can submit a copy of your photo work badge with issued and expiration dates.



Application for Search of Birth Record Files

The state began recording birth records on January 1, 1916.

The Division of Vital Records offers two types of birth certificates available for legal purposes.

Please indicate your choice below and **return this form with the proper fee and a legible copy of your non-expired, government issued photo ID.**

Illinois Law (ILCS410/535/25(1)) requires advanced payment for the search of birth record files. This \$10.00 search fee, included in the price of the copy(ies) you are requesting, is non-refundable.

DO NOT SEND CASH – Make check or money order payable to: **ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

<p>Birth certificate (with the following items: name, date of birth, sex, place of birth, mother/co-parent's maiden name, mother/co-parent's place of birth, mother/co-parent's age, father/co-parent's name, father/co-parent's place of birth, father/co-parent's age, file date, date issued and State File number) \$10.00 first copy \$2.00 each additional copy Amount enclosed \$ _____ for _____ total copies</p>	<p>Birth certificate (with available information collected at time of birth - information has varied throughout the years) \$15.00 first copy \$2.00 each additional copy Amount enclosed \$ _____ for _____ total copies</p>
<p>Foreign birth (births of adopted persons born outside of the U.S. who were re-adopted in Illinois) OR ADMINISTRATIVE FOREIGN BIRTH RECORD \$5.00 each copy Amount enclosed \$ _____ for _____ total copies</p>	<p>Genealogical (uncertified) (records 75 years old and older) \$10 first copy \$2 each additional copy Amount enclosed \$ _____ for _____ total copies</p>

FULL NAME (First, Middle, Last Prior to First Marriage/Civil Union)		
PLACE OF BIRTH (Hospital, City or Town, County, State)		
DATE OF BIRTH (Month, Day, Year)	SEX	BIRTH CERTIFICATE NUMBER (if known)
FATHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union, Current Legal Last Name)		
MOTHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union, Current Legal Last Name)		

INDIVIDUAL REQUESTING COPIES

MAIL RECORD(S) TO: (if other than applicant)

PRINT NAME _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 YOUR RELATIONSHIP TO PERSON _____
 INTENDED USE _____
 SIGNATURE _____

NAME _____
 AGENCY _____
 STREET ADDRESS _____
 CITY _____
 STATE _____ ZIP _____

NOTE: Birth Certificates are confidential records and copies can **only** be issued to persons entitled to receive them (for a complete list, see other side). The application must indicate the requestor's relationship to the person and the intended use of the document. (SEE OTHER SIDE)

MAIL TO:	Illinois Department of Public Health, Division of Vital Records, 925 E. Ridgely Avenue, Springfield, IL 62702-2737 For more information - www.idph.state.il.us/vitalrecords/index.htm
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File #:	17-2389	Version: 2 ▾	Name:	AN AMENDMENT TO THE VITAL RECORDS FEES FOR COUNTY CLERK ORDINANCE
Type:	Ordinance Amendment		Status:	Committee Reports
File created:	3/21/2017		In control:	Legislation and Intergovernmental Relations Committee
On agenda:	3/22/2017		Final action:	4/12/2017

Title:

PROPOSED SUBSTITUTE ORDINANCE AMENDMENT TO ITEM # 17-2389 For the 4-11-2017 Meeting of the Legislation and Intergovernmental Relations Committee Sec. 2-174. - Vital records fees for County Clerk. (a) Birth records. The Cook County Clerk shall continue to charge and collect a fee for the first copy, and a fee for each additional copy of a birth record as set out in Section 32-1. The following individuals may receive a copy of their birth record at no cost: i) Individuals, or not for profit organizations representing such individuals, who meet the definition of homeless as defined by Section 103 the federal McKinney-Vento Homeless Assistance Act of 1987, (42 U.S.C. 11302, et. seq.), or any individual residing in any of the living situations defined in 42 U.S.C. 11434a(2), as such statutes existed at the time of the enactment of this ordinance; or ii) Individuals in the custody of, or who have been released within the previous 90 days by, the Cook County Department of Corrections or th...

Sponsors: [LARRY SUFFREDIN](#), [JOHN P. DALEY](#), [ROBERT STEELE](#)

History (4) Text

title

PROPOSED SUBSTITUTE ORDINANCE AMENDMENT TO ITEM # 17-2389
For the 4-11-2017 Meeting of the Legislation and Intergovernmental Relations Committee

Sec. 2-174. - Vital records fees for County Clerk.

- (a) *Birth records.* The Cook County Clerk shall continue to charge and collect a fee for the first copy, and a fee for each additional copy of a birth record as set out in Section 32-1. The following individuals may receive a copy of their birth record at no cost:
- i) Individuals, or not for profit organizations representing such individuals, who meet the definition of homeless as defined by Section 103 the federal McKinney-Vento Homeless Assistance Act of 1987, (42 U.S.C. 11302, et. seq.), or any individual residing in any of the living situations defined in 42 U.S.C. 11434a(2), as such statutes existed at the time of the enactment of this ordinance; or
 - ii) Individuals in the custody of, or who have been released within the previous 90 days by, the Cook County Department of Corrections or the Illinois Department of Corrections; or
 - iii) Individuals residing in a shelter for victims of domestic violence.

The Cook County Clerk may promulgate regulations to determine how individuals can apply for a no cost birth record.

- (b) *Marriage records.* The Cook County Clerk shall charge and collect a fee for the issuance of a marriage license, sealing, filing and recording the same and the certificate thereunto as set out in Section 32-1. The Cook County Clerk shall continue to charge and collect a fee for the first copy, and a fee for each additional copy of a marriage record as set out in Section 32-1.
- (c) *Death records.* The Cook County Clerk shall charge and collect a fee for the first copy, and a fee for each additional copy of a death record as set out in Section 32-1.
- (d) *Genealogical records.* The County Clerk shall charge and collect a fee as set out in Section 32-1 for the first copy and a fee as set out in Section 32-1 for subsequent copies of any genealogical birth, death or marriage certificate.
- (e) *Emergency fee.* The County Clerk shall charge and collect an emergency fee as set out in Section 32-1 for providing a copy of a vital record on an overnight basis. The emergency fee authorized in this subsection shall be in addition to any other fees authorized to be collected by the County Clerk for providing the requested document.
- (f) *Waiver and refund of death record fee.* The County Clerk shall waive the County portion of the vital records fee for death records requested (first copy only) as set forth in Section 32-1 by those persons legally authorized to request and obtain a death certificate and seeking a copy of a death certificate for a decedent buried at Burr Oak Cemetery. Said waiver shall apply only to death records indicating a date of death prior to July 6, 2009, and burial at Burr Oak Cemetery; the waiver extends only to the County's portion of the fee for the first copy only and shall not extend to requests for additional copies. The County Clerk is required to continue to collect a \$2.00 fee for the first copy of the death record as required by State Statute unless waived by the State. The waiver shall run through September 15, 2009, unless otherwise authorized by the Cook County Board of Commissioners. In accordance with the County Clerk's records, the County Clerk is hereby authorized to refund Cook County's portion of the death records fee for death records requested (first copy only) to those individuals who legally requested and obtained a death record/certificate since July 6, 2009, for a decedent buried at Burr Oak Cemetery.
- (g) *Civil Union records.* The Cook County Clerk shall charge and collect a fee for the issuance of a civil union license, sealing, filing and recording the same and the certificate thereunto as set out in Section 32-1. The Cook County Clerk shall charge and collect a fee for the first copy, and a fee for each additional copy of a civil union record as set out in Section 32-1.
- (h) *Commemorative Certificates.* The Cook County Clerk shall charge and collect a fee for the issuance of a Commemorative Certificate of Marriage or for the issuance of a Commemorative Certificate of Civil Union as set out in Section 32-1. With each Commemorative Certificate issued, the Clerk shall also issue a certified copy of the underlying record. The fee charged and collected as set forth in Section 32-1 shall cover the cost of both the commemorative certificate and the certified copy.

(Ord. No. 01-O-19, §§ 1-3, 8-9-2001; Ord. No. 03-O-27, §§ 1, 2, 10-7-2003; Ord. No. 03-O-28, § 1, 10-7-2003; Ord. No. 03-O-29, §§ 1, 2, 10-7-2003; Ord. No. 07-O-51, 7-10-2007; Ord. No. 08-O-11, 2-6-2008; Ord. No. 09-O-45, 7-21-2009; Ord. No. 11-O-34, 3-15-2011; Ord. No. 11-O-65, 7-12-2011; Ord. No. 11-O-86, 9-20-2011.)

and



Chicago Coalition
for the Homeless

Child Birth Certificate Letter

Date: _____

Dear Sir or Madam,

My name is _____, I am the parent of
_____, whose date of birth is _____.

My attorney is _____ at the Chicago Coalition for the
Homeless, and I give her/him permission to obtain my child's birth certificate on my behalf.

Thank you,

(Signature)

State of _____

County of _____

Signed and sworn (or affirmed) to before me on _____ (date) by _____ (name/s of
person/s making statement).

(Signature of Notary Public)



CHICAGO COALITION FOR THE HOMELESS

Unaccompanied Minor Birth Certificate Letter

Date: _____

Brenski Coleman, Director
Cook County Bureau of Vital Records
50 West Washington Street, Lower Level
Chicago, Illinois 60602

Dear Director Coleman,

My name is:
My date of birth is:
I was born in Cook County
My mother's maiden name is:

I am working with Chicago Coalition for the Homeless to help me obtain official identification documents, since there are no adults in my life to do this for me. _____ at the Law Project of the Chicago Coalition for the Homeless has agreed to act as my attorney in this regard and I have authorized him/her to obtain my birth certificate on my behalf.

Sincerely,

(Signature of Minor)

CERTIFICATION OF ATTORNEY

I, _____ certify that I am a member of the Bar of the Supreme Court of Illinois (ARDC no. 6291492), that I am authorized to practice law in Illinois, and that I have formed a lawyer-client relationship with _____, an unaccompanied minor, who has no other legal representative and whom I am representing *pro bono*, regarding the process of obtaining identification documents. In my best professional judgment, this



CHICAGO COALITION FOR THE HOMELESS

lawyer-client relationship is proper under Rule 1.14 of the Illinois Rules of Professional Conduct of 2010 and in the best interest of the unaccompanied minor. Also in my best professional judgment, I am qualified to act as the legal representative of the unaccompanied minor pursuant to section 25 of the Vital Records Act, 410 ILCS 535/25, and the sections 500.10 and 500.20 of the Illinois Administrative Code, 77 IL Admin Code §§500.10, 500.20.

(Attorney Signature)

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			Office Use Only FCI	4
				DATE OF BIRTH MM/DD/YYYY	
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
			<input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7	RACE Select One or More (Your Response is Voluntary)	
			<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
8	SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY		15		DAYTIME PHONE NUMBER
			Area Code Number		
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
		City	State/Foreign Country		ZIP Code
17	YOUR SIGNATURE		18		
		YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:			
		<input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify			
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC		NTI	
CAN		ITV			
PBC	EVI	EVA	EVC	PRA	
NWR		DNR		UNIT	
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DATE		
			DCL		



Fees Drivers Services

Driver's License

Commercial Driver's License (CDL)– Renewal or Transfer in from another state	\$60
Commercial Learner's Permit (CLP) – Original or Renewal	\$50
CDL Upgrade/Correction – classification, adding/removing an endorsement or restriction	\$5
CLP Upgrade/Correction – classification, adding/removing an endorsement or restriction (where a corrected CLP must be issued)	\$5
Driver's License – Basic	\$30
Driver's License – Persons age 18-20	\$5
Driver's License – Persons age 21-68	\$30
Driver's License – Persons age 69-80	\$5
Driver's License – Persons age 81-86	\$2
Driver's License – Persons age 87 and older	Free
Driver's License or Permit – Corrected or Duplicate	\$5
Driver's License – New classification added, not at time of renewal (except CDL)	\$5
Driver's License or Permit – Duplicate – Active-Duty Armed Forces member, Member's Spouse or Dependent children living with the member	Free
Driver's License or Permit – Duplicate – Persons age 60 and above whose Licenses have been Lost or Stolen	Free
Driver's License or Permit – Duplicate – Persons whose Licenses have been Stolen (must have police report)	Free
Instruction Permit – Original	\$20
*If you receive your license prior to the expiration of your instruction permit, you may not need to pay an additional fee.	
Motorcycle – First time or upgrade M or L classification	\$10
Motorcycle – Renewal M or L classification	\$5
School Bus Permit – Original, Duplicate or Corrected	\$4

Driver's License Reinstatement

1 Statutory Summary Suspension	\$250
2 or more Statutory Summary Suspensions	\$500
Any Revocation	\$500
Discretionary Suspension (resulting from court convictions or other sufficient evidence)	\$70
Failure to Appear Suspension	\$70
Family Responsibility Suspension	\$70
Mandatory Insurance Conviction Suspension	\$100
Other Revocation (except DUI)	\$500
Other Suspension (except Statutory Summary Suspension and Mandatory Insurance Conviction Suspension)	\$70
Parking/Tollway/Automated Traffic Suspension	\$70
Revocation for DUI or Statutory Summary Suspension -1st Revocation	\$500
Revocation for DUI or Statutory Summary Suspension -2nd or subsequent Suspension	\$500

Safety Responsibility Suspension (Uninsured Crash)	\$70
Statutory Summary Suspension -1st Suspension	\$250
Tollway Suspension	\$70
Unsatisfied Judgment Suspension	\$70
Zero Tolerance Suspension	\$70

Driving Record

Certified Abstract of A Driving Record	\$12
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Driver's License Reinstatement

Please Note that many of our fees may now be paid on our web site under [e-Services](#) By paying on line your driving record will be updated instantly and you will receive a confirmation email receipt.

State Identification Card

Identification Card Issued – Corrected	\$10
Identification Card – Corrected, under age 18	\$5
Identification Card Issued – Duplicate	\$20
Identification Card – Duplicate, under age 18	\$10
Identification Card – Duplicate – Active-Duty Armed Forces member, Member's Spouse or Dependent children living with the member	Free
Identification Card – Duplicate – Persons age 60 and above whose Identification Card has been lost or stolen	Free
Identification Card – Duplicate – Persons whose Identification Card has been stolen (must have police report)	Free
Identification Card Issued – Five-year	\$20
Identification Card – Five-year, under age 18	\$10
Identification Card – Persons 65 or older	Free
Identification Card – Persons Homeless	Free
Identification Card – Persons with Disabilities	Free



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
800-252-8980
www.cyberdriveillinois.com

Homeless Status Certification

The Homeless Status Certification is provided for the listed agent or agency to affirm to the named individual's homelessness at the time this certification is completed. It must be received by the Illinois Secretary of State's office at the time of application no later than 90 days from date notarized. This certification entitles the individual to a free standard State of Illinois ID Card.

This form does not establish proof of the applicant's name, date of birth or Social Security numbers, as required by Illinois law to obtain a State ID Card. The applicant must provide separate documentation from the list of approved documents by the Illinois Secretary of State at the time of application.

Homeless Status Certification

Applicant's Name (First, Middle, Last): _____

Applicant's Date of Birth: _____

Under penalty of perjury, I swear or affirm that:

I am a homeless individual as defined by federal law and I currently reside at or receive services from the Agency whose name and address are indicated on this document. I understand that the Illinois State Identification Card (ID Card) for which I am applying will be delivered to this Agency at the address listed on this document and I must pick up the ID Card from the Agency within sixty (60) days of the Agency's receipt of the document. If I fail to collect the ID Card within this 60-day period, it will be returned to the Illinois Secretary of State.

Signature of Applicant _____

Date _____

State of Illinois County of: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

(Place Notary Stamp Here)

Making any false statement on this certification is punishable by law.

Agency Name: _____

Agency Address: _____
Street (Mailing Address)

City _____ Zip Code _____

Agency Phone Number (including Area Code) _____

Agency Federal Tax ID Number or Attorney Registration Number _____

Under penalty of perjury, I swear or affirm that I am a representative of the above-referenced Agency and the applicant is a homeless person who is currently residing or receiving services from this Agency.

I acknowledge that I accept responsibility for this Agency to receive, by United States mail, and hold in a secure location the ID Card issued to the applicant and will make every effort to ensure the delivery of the ID Card to the applicant when (s)he presents himself/herself in person to the Agency.

Should the applicant not return to the Agency to pick up the ID Card within sixty (60) days of its receipt in this office, the Agency will return the ID card to the Illinois Secretary of State by marking the envelope "Return To Sender" and depositing it in the United States mail.

Date: _____

Printed Name of Agency Employee Making Certification

Signature of Agency Employee Making Certification

State of Illinois County of: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

(Place Notary Stamp Here)

Making any false statement on this certification is punishable by law.



State of Illinois • Secretary of State

Application for an Illinois Person with a Disability Identification Card

To Be Completed By Applicant

I am applying for an Illinois Person with a Disability Identification Card at no fee on the basis that I am an individual who is disabled as defined in Section 4A of the Illinois Identification Card Act. This report shall remain valid for three months.

I affirm that the information in this affidavit is true and correct.

Applicant's Signature/Date _____

Driver's License Number _____	and/or	Identification Card Number _____
Witness _____		Witness _____

To Be Completed By Physician

Certification for Illinois Person with a Disability Identification Card

Below please indicate the **Priority** of the **Type of Disability** and the corresponding **Classification of Disability** pertaining to the applicant named on this affidavit. Refer to the **Definition Supplement** on the reverse for assistance. (Please mark on the lines provided, any type and classification applicable, in priority order using a 1 to 5 numbering scale.

NOTE to Physician: The numbering scale begins with (1) as the lowest priority and (5) as the highest priority.

Priority:	Disability:	Class:
_____	Physical (P)	_____
_____	Developmental (D)	_____
_____	Visual (V)	_____
_____	Hearing (H)	_____
_____	Mental (M)	_____

I hereby certify that the conditions of the person with disabilities named herein are determined and defined under Chapter 15, Illinois Compiled Statutes, Section 335/4A.

Physician's Signature / Date

Physician Assistant's/Advanced Practice Nurse's (APN) Signature / Date

(PLEASE PRINT OR TYPE BELOW)

Physician's Name	Phone
Address	

Secretary of State Use Only

Applicant's Name	Date
Driver's License or ID Number	Control Number

**MISUSE OF A PERSON WITH A DISABILITY ID CARD
CAN RESULT IN ITS REVOCATION**

* Please submit this completed form at your local Driver Services facility.

Definition Supplement

Chapter 15, Illinois Compiled Statutes, Section 335/4A defines:

Types of Disabilities

Type One: Physical (P)

A physical disability is a physical impairment, disease, or loss, which is of a permanent nature, and which substantially limits physical ability or motor skills.

Type Two: Developmental (D)

Developmental disability means a disability that is attributable to: (i) an intellectual disability, cerebral palsy, epilepsy, or autism or (ii) any other condition that results in impairment similar to that caused by an intellectual disability and requires services similar to those required by persons with intellectual disabilities. Such a disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.

Type Three: Visual (V)

A visual disability is blindness, and the term "blindness" means central vision acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye that is accompanied by a limitation in the fields of vision so that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central vision acuity of 20/200 or less.

Type Four: Hearing (H)

A hearing disability is a disability resulting in complete absence of hearing, or hearing that with sound enhancing or magnifying equipment is so impaired as to require the use of sensory input other than hearing as the principal means of receiving spoken language.

Type Five: Mental (M)

A mental disability is a significant impairment of an individual's cognitive, affective, or relational abilities that may require intervention and may be a recognized, medically diagnosable illness or disorder.

Classifications of Disabilities

Class 1

A Class 1 disability is any type of disability which does **not** render a person unable to engage in any substantially gainful activity, or which does not impair the person's ability to live independently or to perform labor or services for which he/she is qualified.

Class 1a

A Class 1a disability is a Class 1 disability which renders a person unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, oncological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.

Class 2

A Class 2 disability is any type of disability which renders a person unable to engage in any substantially gainful activity, or which substantially impairs the person's ability to live independently without supervision or in-home support services, or which substantially impairs the person's ability to perform labor or services for which he/she is qualified or significantly restricts the labor or services which he/she is able to perform.

Class 2a

A Class 2a disability is a Class 2 disability which renders a person unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device or a wheelchair, or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, oncological, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs.