

# RULES OF THE ROAD REVIEW COURSE

# Workbook



# EMERGENCY CONTACT DATABASE



The Illinois Secretary of State's Emergency Contact Database allows you to enter emergency contact information, as well as disability/special needs information, into a voluntary, secure database at no charge. In the event you are involved in a motor vehicle crash or other emergency where you are unable to communicate, law enforcement can access this information and notify your designated emergency contacts, as well as provide any helpful information to emergency/medical personnel at the scene.

For more information or to join the  
EMERGENCY CONTACT DATABASE:

[WWW.CYBERDRIVEILLINOIS.COM](http://WWW.CYBERDRIVEILLINOIS.COM)



## A PRACTICAL GUIDE FOR ILLINOIS DRIVERS

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Motorists who know the rules of the road and practice defensive driving are key to making our roadways safer for everyone. The *Illinois Rules of the Road* manual is your guide to being a responsible and skilled driver.

The Rules of the Road Review Course is designed to give drivers — especially senior citizens — the knowledge and confidence needed to renew or obtain a driver's license. The Review Course combines an explanation of the driving exam with a practice written exam. The questions and information in the Rules of the Road Review Course are provided only to help you measure your knowledge of driving skills and Illinois traffic laws. Participants will not be graded on their answers on the practice exam.

Along with a thorough review of the *Illinois Rules of the Road* manual, the Review Course is a valuable tool in refreshing your knowledge of Illinois driving laws, traffic signs and practical driving skills. I commend you for taking this step in improving your driving skills and helping to make Illinois roadways safer for all motorists.

*Jesse White*

Jesse White  
Secretary of State

**Illinois law prohibits the use of cellphones and other wireless devices while driving, unless using a hands-free device.**

# OBTAINING AN ILLINOIS DRIVER'S LICENSE OR ID CARD

## NEW LICENSE, NEW PROCESS

The Secretary of State's office implemented a new process for issuing Illinois driver's licenses/ID cards. Under the new process, **customers at Secretary of State Driver Services facilities are no longer immediately issued a new permanent driver's license/ ID card at the end of the application process.** After fraud checks have been conducted to ensure an individual's identity, a high quality, secure driver's license/ID card is printed at a central facility and sent via U.S. mail within 15 business days to the address on the card.

At the facilities, customers receive a temporary, secure paper driver's license or ID card, which is valid for 90 days. In addition, the facility employee returns the old driver's license/ID card back to the customer after punching a hole in it.

## NEW FEATURES ON THE ILLINOIS DRIVER'S LICENSE

As part of the new central issuance process, the Secretary of State has introduced a redesigned driver's license/ID card. The redesigned card contains enhanced security features to safeguard an individual's personal information. This new process and redesign help prevent counterfeit production and better protect individuals from identity theft. **In addition, with implementation of these changes, Illinois is closer to becoming REAL ID compliant, which is a federal mandate by the U.S. Department of Homeland Security.**

## NO NEED TO REPLACE IMMEDIATELY

Residents with a valid driver's license/ID card are not required to obtain the redesigned card immediately. Existing cards remain valid until their date of expiration. For at least four years, there will be more than one valid driver's license/ID card until the old design format is phased out.

There are no changes to driver's license/ID card fees. In addition, there are no procedural changes to the Safe Driver Renewal program.

## YOUR ADDRESS MATTERS

**With the new process of central issuance of a driver's license/ID card, it is critical that customers keep an updated address with the Secretary of State.** State law requires that residents notify the Secretary of State of an address change within 10 days.

**Individuals who have not received their permanent card after 15 business days, may check the status at: [cyberdriveillinois.com](http://cyberdriveillinois.com).**

## EARLY RENEWAL

- Any driver age 21-86 may renew his/her driver's license up to one year before the license expires.
- Any driver age 87 and older may renew up to six months before his/her license expires.

## **VISION SCREENING**

Your vision will be screened to determine if you see well enough to drive. In place of this screening, you may submit a Vision Specialist Report (see pages 24-25) completed by a licensed optometrist, ophthalmologist or physician dated within six months of your facility visit. Forms are available at your local Driver Services facility or at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com). If you need to wear glasses or contact lenses, a restriction will be noted on your license. You must always wear your glasses or contact lenses when you drive.

## **WRITTEN EXAM**

The written exam consists of 35 questions, 15 of which will address traffic sign identification and the remaining 20 will either be multiple-choice or true-false questions.

## **DRIVING EXAM**

All new drivers and drivers age 75 and older must take a driving exam to demonstrate driving ability. You must provide a vehicle that is licensed and properly equipped for the driver's license classification you are seeking. You must show proof of vehicle insurance inside the Driver Services facility. During the driving exam, which will allow you to drive passenger vehicles, you will be graded on your ability to do the following:

- Start the vehicle
- Start uphill
- Proper speed usage
- Back the vehicle
- Park downhill
- Proper lane usage
- Turn about
- Start downhill
- Park uphill
- Control your vehicle

## **ORGAN/TISSUE DONOR REGISTRY**

During the driver's license application/renewal process you will be asked if you wish to join the Illinois Organ/Tissue Donor Registry. A person's decision to be an organ/tissue donor is legally binding. Additional witnesses or family consent is not required for donation to occur. See back inside cover for more information on registering to be a donor.



Office of the Secretary of State  
Driver Services Department



You are required to bring this notice with you.

For CDL Drivers Only - If you have not self-certified CDL driving type as of this renewal you must visit a designated CDL facility.

DL/ID: P142-4753-7372 FEE: \$ 5.00  
Class: D\* V 7W  
\* EXAM(S): VISION AND ALL APPLICABLE ROAD

John Q Public  
2701 S Dirksen  
Springfield IL 62723

Dear Friend:

Your Illinois driver's license or ID card will remain valid until their date of expiration. To renew, you must prove any changes to your name, date of birth, social security number and verify signature or residency. Acceptable identification for these changes must be provided. Some of the documents you may use include: current photo driver's license/ID card, valid passport, certified birth certificate, Social Security card, naturalization certificate, adoption records, military service record (DD214), valid major brand credit card, recent utility bill, cancelled check within the last 90 days and this notice. If you are changing your address at the time of renewal, you must provide two documents from the list of acceptable identification, with your new address. Other acceptable forms of identification (not listed) may be found in the current "Rules of the Road" or on the Secretary of State's Web page: [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com).

To renew your driver's license or ID card, please visit a facility location listed on the back of this notice.

\*Vision screening, a drive evaluation(s) in properly classified vehicle(s) and a fee is required to renew your license for a 4 year period. Entries reported to your driving record, prior to your license renewal, may require additional examinations.

Note: If you are required to take a road test, proof of vehicle liability insurance will be required. Road tests may be denied or discontinued due to unsafe road, weather or vehicle conditions. To self-certify CDL driving type per Federal Law or take a CDL written and/or drive examination, you must visit a commercial truck/bus center or designated CDL Facility listed on the reverse side of this form. CDL drives are by appointment only, however all CDL written exams must be successfully completed prior to scheduling a drive. For CDL drive appointments visit our website or call at 217-785-3013 Monday through Friday from 8:00 a.m. - 4:30 p.m.

If your ability to drive might be affected by a medical or physical condition, you will be required to bring a completed medical report with you. If a favorable medical report is not presented, you will be denied a driver's license. For your convenience, medical report forms are available at each facility and at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com). You will also be asked if you wish to join the Organ/Tissue Donor Registry, which is explained in the enclosed brochure.

Our goal is to provide you efficient, friendly service. Your opinions are very important and will allow us to better serve you in the future.

Jesse White  
Secretary of State

## **Illinois Secretary of State Document Requirements to obtain a Driver's License/State ID Card**

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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, C and D

### **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, and one document from Group D if requesting an address change.
- 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, and one document from Group D if requesting an address change.

**JESSE  WHITE**  
**SECRETARY OF STATE**

**WWW.CYBERDRIVEILLINOIS.COM**

# 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)
- CDTF Certification Form
- Court Order
- Credit Card/Debit Card (major brand)
- Driver Education Certificate
- Government Driver's License
- Government ID Card (current)
- 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
- Temporary DL/CLP/ID 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

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/College/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

- Official Electronic Statement (dated within 90 days prior to application)
- 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 name and residence address. Documents in Groups A, B or C, that contain the full name and residence address also may be used for Group D.

**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 or documents (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
- Traffic Citation (Arrest Ticket)
- Unlicensed Financial Institution Loan Papers
- Vehicle Registration
- Video Club Membership Card
- Wallet ID



# **DRIVING EXAMINATION**

The driving exam is a demonstration of a driver's everyday driving skills. After the exam, the driver will be informed of any corrections that need to be made.

## **BEFORE YOU BEGIN**

Illinois law requires all drivers and passengers to wear safety belts, regardless of where they sit in a vehicle. Only those individuals with a physician's statement on letterhead are exempt. The physician's statement must be kept with the driver at all times.

The driving examination will allow you to demonstrate your ability to safely operate a motor vehicle. You must provide a vehicle that is licensed and properly equipped for the driver's license classification you are seeking. The vehicle must be driven to the Driver Services facility by someone with a valid driver's license or permit. No one but the examiner will be with you during the exam.

Proof of insurance must be shown before the driving exam is administered. Before starting the driving exam, check your mirrors, adjust your vehicle's seat and fasten your safety belt.

## **THE EXAMINER**

The driving examiner will sit beside you and observe your driving skills. It is normal for you to be a little nervous. Remember that the examiner is a passenger and has no indication of your driving ability.

It is possible that you may have acquired some potentially unsafe driving practices, even though you may have been driving for years with no moving violations or accidents. Perhaps there are some new laws you are not observing. The purpose of the driving exam is to identify those mistakes so you may correct them.

The examiner will grade your driving using a list of driving maneuvers. The examiner will follow a test route approved by the Secretary of State's office. Although the test route may cover unfamiliar roads, it is important to remember that a driver's license gives you the right to drive on all roads.

The examiner will not trick you. If you do not understand his or her instructions, please ask for an explanation.

At the completion of your driving exam, the examiner will give you the results. Please keep in mind that the examiner is only an observer and has the responsibility to inform you of any mistakes. You are encouraged to correct those mistakes, not only for your own safety but also for the safety of others.

## **DRIVING EXAM GRADING**

You will be graded on your ability to perform the following driving skills. You will automatically fail the exam if you violate any traffic law or commit any dangerous action while taking the exam.

## USING TURN SIGNALS

Illinois law requires the use of turn signals. It is not a choice. Turn signals are required BEFORE:

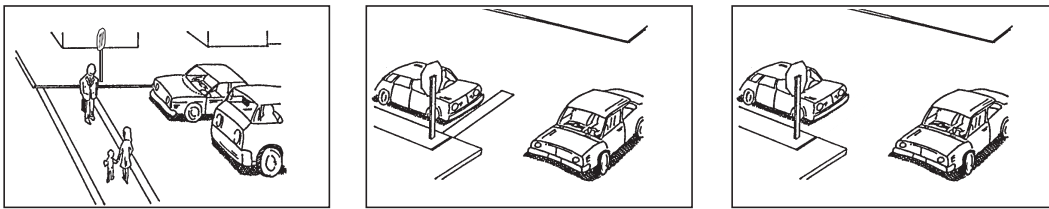
- turning any corner, even if no one is coming;
- turning into any driveway, parking lot or parking space;
- changing lanes of traffic;
- AND AFTER passing another vehicle; and
- pulling over to or pulling away from any curb.

## LEAVING A PARKING LOT OR DRIVEWAY

Illinois law states that you must stop before entering any street from a driveway, parking lot or alley. If you are leaving the parking lot at the Driver Services facility, you must stop before entering the street. There may or may not be a stop sign present.

## STOPPING

Stop behind the white line or crosswalk. If there is no white line or crosswalk, stop before entering the intersection. Rolling stops are automatic failures on the driving examination.



## TURNING A CORNER

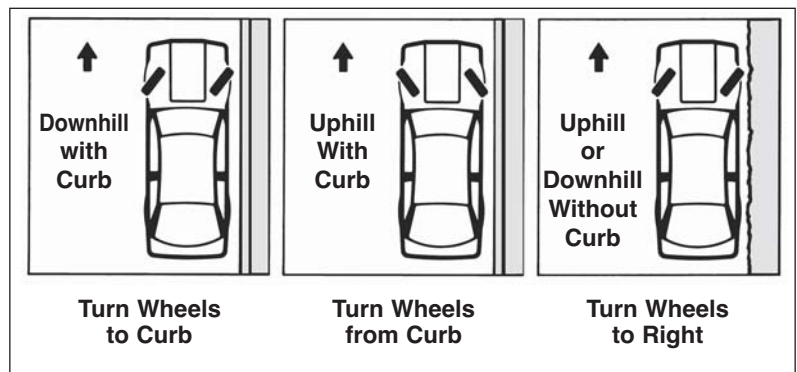
When turning a corner from a two-way street onto another two-way street, stay in your own lane and then turn into the lane in which you will be driving. Do not cut corners.

## HILL PARKING

Signal toward the side of the road where you wish to park. Stop your vehicle parallel to the road, within 12 inches of the curb or road edge.

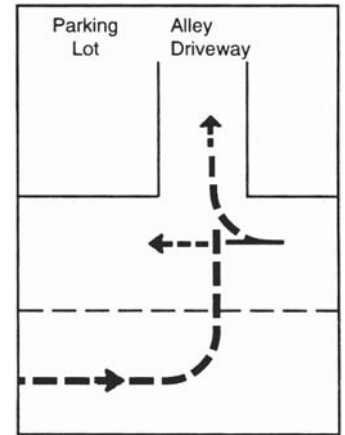
If you park on a street with curbing and your vehicle is heading downhill, you must turn the front wheels toward the curb. If you park your vehicle headed uphill, you must turn the front wheels away from the curb. If you park on a street without curbing and your vehicle is heading downhill or uphill, you must turn the wheels toward the side of the road on which you are parked. In either situation, you must set the parking brake and put the gear selector in "Park."

When leaving the curb, release your parking brake, turn the wheels from the side of the road and use your turn signal. Look for oncoming traffic. When it is safe, pull slowly onto the street.



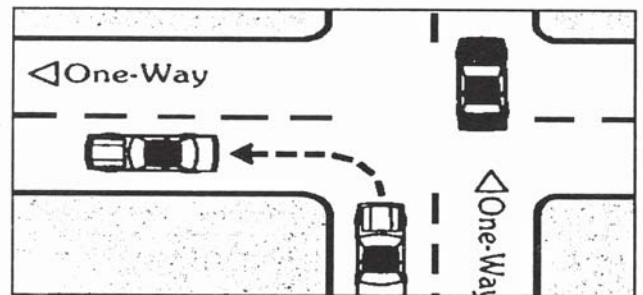
## TURN-ABOUT

You will be asked to turn your vehicle around by turning left into an alley, roadway or driveway. Be sure to signal before turning. When you back out, stop before entering the sidewalk, street or highway. Yield to pedestrians and all vehicles. When backing, check all rearview mirrors and look over your right shoulder. When backing to the right, make sure not to back over the center line.



## ONE-WAY TURNS

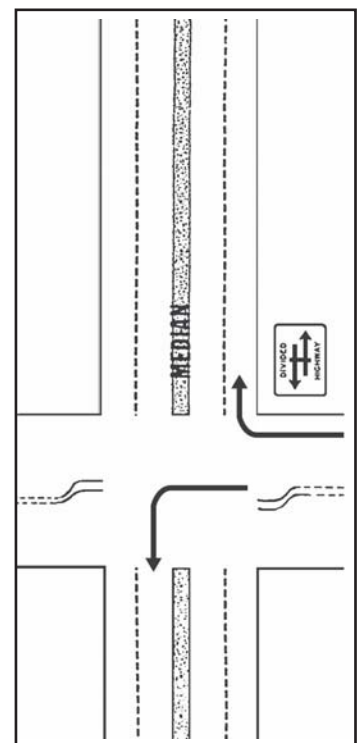
When turning onto a one-way street, turn into the first lane you come to. After you have completed your turn, you may turn on your turn signal again, look back and, when it is safe, move into the other lane.



## MULTIPLE-LANE TURNS

When making a left turn onto a multi-lane street, you must turn into the inside lane (left-hand lane). After you have completed your turn into the inside lane and it is safe to do so, you may turn on your signal light and move into the right-hand lane.

When making a right turn into a multi-lane street, you must turn into the first lane you come to (right-hand lane). After you have completed your turn into the right-hand lane and it is safe to do so, you may turn on your signal light and move into the left-hand lane.



## BACKING VEHICLE

You will be asked to back your vehicle for a short distance. Check first to see if it is clear. Look over your right shoulder if possible. If not, inform the examiner that because of a physical condition you cannot. If you cannot see all the way in back by looking, use your rearview mirror as well as your side mirrors. Back up as straight as you can. Do not weave back and forth.

## OTHER POINTS THAT WILL BE CHECKED

- **DRIVING SPEED** — Observe all speed limit signs. Do not drive too slowly. (Example: The speed limit is 30 mph and a driver is going 15 mph, holding up traffic and causing an unsafe situation. Driving too slow can be just as dangerous as speeding under normal traffic conditions.)
- **CENTER LINES** — Do not weave back and forth across the center line. Stay in your traffic lane. If there is no center line, do not drive down the middle of the street or road.
- **RIGHT OF WAY** — Observe yield signs: When approaching a yield sign, slow down and check for traffic. Stop if you need to. Approaching an intersection: when a green light appears, be sure the intersection is clear of vehicles and people before moving your car. If there are no signs or traffic control signals and two vehicles arrive at the same time, the car on the right has the right of way.

## FOLLOWING THE EXAM

When you return to the Driver Services facility, the examiner will discuss your test results. If you do not pass the driving exam, listen carefully to hear which driving skills you need to correct.

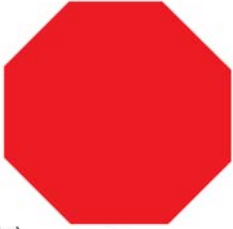



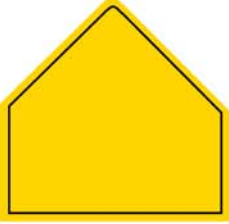


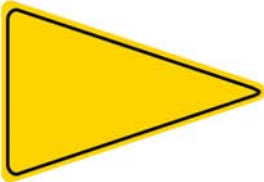
















You may take the driving exam again if you did not pass. Remember, you have three chances in a one-year period to pass the driving exam. If after several attempts you are still having difficulty, ask the examiner how to obtain an instruction permit after your driver's license expires.

## WRITTEN EXAM — TRAFFIC SIGN IDENTIFICATION

Place the correct number in the space below each of the signs on the following page.

1. Winding Road Ahead
2. Crossroad
3. Divided Highway
4. Do Not Enter
5. Downgrade
6. Merge
7. No Passing Zone
8. No Right Turn
9. No U-Turn
10. Pedestrian Crossing
11. Persons with Disabilities Parking
12. Railroad Warning
13. Reduction in Lanes
14. Road Construction/Maintenance Area
15. School Zone and Crossing
16. Side Road
17. Slippery When Wet
18. Slow-Moving Vehicle
19. Stop
20. Stop Sign Ahead
21. Traffic Signal Ahead
22. Two-Way Traffic
23. Warning of a Change in Direction or Narrowing of Roadway
24. Yield Right of Way

# TRAFFIC SIGN IDENTIFICATION

 (a) _____	 (b) _____	 (c) _____	 (d) _____
 (e) _____	 (f) _____	 (g) _____	 (h) _____
 (i) _____	 (j) _____	 (k) _____	 (l) _____
 (m) _____	 (n) _____	 (o) _____	 (p) _____
 (q) _____	 (r) _____	 (s) _____	 (t) _____
 (u) _____	 (v) _____	 (w) _____	 (x) _____

# **PEDESTRIANS**

Drivers and pedestrians both are responsible for traffic safety. Drivers should always be prepared to yield the right of way and should not drive unnecessarily close to pedestrians.

## **TUNNEL AND PEDESTRIAN CROSSINGS**

A pedestrian tunnel or pedestrian crossing bridge should be used when available.

## **ROADWAYS**

Pedestrians must not walk on a roadway unless there is no sidewalk or shoulder next to it. Under these conditions, pedestrians should always walk as close to the outside edge of the road as possible. In two-way traffic, pedestrians should walk facing oncoming traffic. If a highway does not have a sidewalk but has a shoulder, pedestrians should always walk on the shoulder as far from the roadway as possible. Pedestrians should not walk on a roadway when under the influence of alcohol or other drugs.

## **PEDESTRIANS WITH DISABILITIES**

When approaching a pedestrian with a disability who is utilizing a guide dog, a white cane, a wheelchair or other assistive device on a sidewalk or roadway, the pedestrian has the right of way and is granted the same rights as any pedestrian.

## **JOGGERS/WALKERS**

Joggers/walkers should use jogging paths when provided. On public roads, joggers/walkers should try to select wide roads with good shoulders. They should face oncoming traffic and remember to look and listen for cars. At night or any time visibility is poor, joggers/walkers should be in well-lighted areas and wear reflective clothing.

## **MOTORCYCLES**

Motorcycle riders have the same rights and responsibilities as other roadway users. Because of their size and vulnerability in a crash, it is important to pay special attention to motorcycles.

## **BICYCLES**

On most roadways, bicyclists (including those on electric bikes) have the same rights and responsibilities as other roadway users. The following are important laws and safety tips regarding bicyclists:

- Bicyclists are prohibited on limited-access highways, expressways and certain other marked roadways.
- Bicyclists are required to travel in the same direction as vehicles.
- Bicyclists should travel just to the right of faster moving traffic. However, certain hazards such as rough surfaces, debris, drainage grates or a narrow traffic lane may require bike riders to move toward the center of the lane.
- Drivers must yield the right of way to a bicyclist just as they would to another vehicle.
- When passing a bicyclist, motorists must do so slowly and leave at least 3 feet of passing space.

- Crowding or threatening a bicyclist is prohibited.
- A motorist should not park or drive in marked bicycle lanes.
- When following bicyclists, give them plenty of room and be prepared to stop quickly. Use extra caution during rainy and icy weather. At night do not use high beams when you see an oncoming bicycle rider.
- After parking and before opening vehicle doors, a motorist should first check for bicyclists.
- When a motorist is turning left and there is a bicyclist entering the intersection from the opposite direction, the driver should wait for the bicyclist to pass before making the turn. Also, if a motorist is sharing the left-turn lane with a bicyclist, stay behind them until they have safely completed their turn.
- If a motorist is turning right and a bicyclist is approaching on the right, let the bicyclist go through the intersection first before making a right turn. Remember to always signal when turning.
- Low-speed electric or gas bicycles must have a motor of less than 1 horsepower and must be operated by a person who is at least age 16.
- Low-speed electric and gas bicycles may only be driven on streets and may not exceed 20 mph. They may not be driven on sidewalks.
- Low-speed and electric bicycles must follow all laws applicable to bicyclists.

For more information, an *Illinois Bicycle Rules of the Road* booklet is available at your local Driver Services facility or at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com).



# WRITTEN EXAM — SAMPLE QUESTIONS

Place an “x” next to the correct answer.

1. Cellphone use while driving is permitted as long as the driver is using a hands-free device.  
 True     False
2. Illinois law requires children under age 8 to be secured by a restraining system or seat belt when traveling in a motor vehicle.  
 a. Anywhere in the vehicle  
 b. In the front seat only  
 c. In the back seat only  
 d. Never, this is not a law
3. A parent or legal guardian may request that the driver’s license of a minor be canceled at any time prior to age 18.  
 True     False
4. When passing another vehicle, a driver should wait until the entire car being passed is visible in the rearview mirror before turning back into the right-hand lane.  
 True     False
5. After making a complete stop and yielding to traffic or pedestrians within the intersection, it is permissible for drivers on a one-way street to turn left at a red light onto another one-way street that moves traffic to the left.  
 True     False
6. How should a driver proceed if within an intersection waiting to make a left turn and the traffic signal light turns red?  
 a. Wait in the intersection until the light turns green.  
 b. Yield to oncoming traffic and complete the turn.  
 c. Make sure it is clear, then back up from the intersection.
7. When on a two-lane roadway, a driver must stop their vehicle if approaching a stopped school bus with its red warning lights flashing and stop signal arm extended.  
 True     False
8. When an authorized vehicle using its sirens and flashing lights approaches a vehicle, the driver should pull to the right-hand edge of the roadway and wait for the emergency vehicle to pass.  
 True     False
9. Your driving privileges will be suspended if you are convicted of illegally passing a stopped school bus.  
 True     False
10. A driver may pass another vehicle by driving on the shoulder of the road.  
 True     False
11. It is permissible to make a right turn against a red signal light after stopping and yielding to other vehicles and pedestrians.  
 True     False
12. A driver must give the right or left turn signal when changing lanes.  
 True     False
13. In urban areas, drivers moving out of an alley, building, private road or driveway do not need to come to a complete stop before entering the roadway if the roadway is clear of traffic.  
 True     False
14. For what distance should a continuous turn signal be given when making a left or right turn in a business or residential district?  
 a. Not less than 50 feet before turning.  
 b. Not less than 75 feet before turning.  
 c. Not less than 100 feet before turning.

15. When waiting at an intersection and the traffic signal light turns green, a driver should look to the left and then right before proceeding into the intersection.  
 True    False
16. What should drivers do when approaching a construction area?  
 a. Increase their speed to get out of the way quickly.  
 b. Slow down, stop all wireless telephone communications and yield the right-of-way.  
 c. Honk their horn several times to alert individuals working in the area of their presence.
17. Drivers are not required to yield to pedestrians in a crosswalk.  
 True    False
18. It is permissible for anyone to wear a headset while driving.  
 True    False
19. Speed should be reduced below the posted speed limit for which of the following reasons:  
 a. Driver is driving in unfavorable weather conditions.  
 b. Driver is approaching and crossing an intersection.  
 c. Both of the above.
20. Slow vehicles should use the right-hand lane except when passing or making a left turn.  
 True    False
21. When must a driver slow down for a school zone?  
 a. On school days between 7 a.m. and 4 p.m. when children are present and signs are posted.  
 b. On weekends.  
 c. Only during recess.
22. Drivers may open car doors on the side on which traffic is moving only when it can be done safely and without interfering with traffic.  
 True    False
23. It is permissible to pass on a two-lane, two-way roadway within 100 feet of an intersection or railroad crossing.  
 True    False
24. Only vehicles displaying special plates or parking placards for persons with disabilities may park in spaces reserved for them by an official PARKING FOR PERSONS WITH DISABILITIES sign.  
 True    False
25. Unless authorized to do so, drivers may not break into the line of a funeral procession.  
 True    False
26. When a motorist is turning right and a bicyclist is approaching on the right, the motorist must allow the bicyclist to go through the intersection first before making the turn.  
 True    False
27. A driver does not need to allow as much distance when following a motorcycle as when following a car.  
 True    False
28. Motorcyclists are entitled to use the full width of a traffic lane; therefore, a driver should pass a motorcycle the same way as passing another vehicle.  
 True    False
29. When following a vehicle at night it is important to dim your high beams.  
 True    False
30. When approaching a disabled pedestrian using a guide dog, white cane or other assistive device, a driver should yield the right of way.  
 True    False

31. If arrested with a blood-alcohol concentration of .08 percent or more, an individual's driving privileges will be suspended for at least six months.  
 True    False
32. Alcohol is the single greatest factor in fatal motor vehicle crashes.  
 True    False
33. What is the only effective way to remove alcohol from the body?  
 a. Strong coffee  
 b. Time  
 c. Cold shower
34. If a driver is arrested for DUI and refuses to submit to testing, driving privileges will be suspended for twelve months.  
 True    False
35. A driver whose license has been revoked as a result of DUI must meet several requirements, including an evaluation for alcohol and drug problems and paying a reinstatement fee, to regain their license.  
 True    False
36. It is illegal for persons under age 21 to drive with any trace of alcohol or drugs in their system.  
 True    False
37. Regardless of fault, a crash report must be filed by the driver of a vehicle if the crash involves death, bodily injury or property damage of more than \$1,500 (or more than \$500 if a vehicle is uninsured).  
 True    False
38. Before a driver can regain driving privileges after losing them for failure to pay for damages caused by a crash, the driver must file proof of financial responsibility with the Secretary of State's office.  
 True    False
39. If you are involved in a traffic crash, you should stop your vehicle in a safe, well-lighted public place that does not obstruct traffic, if able to do so.  
 True    False
40. Driving privileges may be revoked for giving false information to the Secretary of State's office.  
 True    False
41. What should a driver do when approaching a traffic control signal that is not in operation?  
 a. Come to a full stop and yield the right of way before entering the intersection.  
 b. If the intersection is clear, the driver does not need to stop.  
 c. Drive quickly through the intersection to get out of the way of other vehicles.
42. If a traffic light shows both a red light and a green arrow, a driver may not turn in the direction of the arrow until the red light has changed.  
 True    False
43. Drivers may pass on a two-lane roadway marked with a single solid yellow line on their side of the center line.  
 True    False
44. A railroad crossing sign should be treated the same as a yield sign.  
 True    False
45. All vehicles are required to stop within how many feet of the nearest rail of a railroad crossing when a train is approaching?  
 a. between 15 and 50 feet  
 b. between 5 and 10 feet  
 c. 10 feet
46. When approaching a railroad crossing that has no warning signals (such as electric flashing lights or gates), a driver should look, listen and slow down.  
 True    False

47. After a train clears a crossing that has flashing signals, drivers may proceed after checking for a second train on another track and the lights have stopped flashing.  
 True    False
48. If moving with a stream of vehicles across a railroad track, it is safe to stop on the track for a short period of time.  
 True    False
49. The road surface of a bridge may be dangerous in winter due to becoming icy while the rest of the roadway remains clear.  
 True    False
50. When driving in fog a driver should turn on the high-beam headlights to increase the field of vision.  
 True    False
51. Most rear-end collisions are caused by the vehicle in back following too closely.  
 True    False
52. The three-second rule helps the driver determine a safe following distance.  
 True    False
53. If a vehicle starts to skid on water (hydroplane), the driver should quickly apply the brakes.  
 True    False
54. If the front right wheel of a vehicle runs off the pavement, a driver should ease off the accelerator, allow the vehicle to slow down and gently steer back onto the pavement.  
 True    False
55. A driver who becomes stranded in blizzard conditions should remain in their vehicle.  
 True    False
56. When experiencing a tire blowout, the driver should immediately apply the brakes and quickly pull off the side of the road.  
 True    False
57. If a vehicle starts to skid, the driver should apply the brakes and steer in the opposite direction of the skid.  
 True    False
58. Illinois law requires that headlights be on when atmospheric conditions require the use of windshield wipers.  
 True    False
59. After being pulled over by law enforcement, a driver should immediately exit the vehicle and quickly approach the officer's squad car.  
 True    False
60. Within how many feet is a driver required to dim the highbeams before meeting another vehicle?  
 a. 250 feet  
 b. 400 feet  
 c. 500 feet
61. Taillights are not required to be illuminated after dark.  
 True    False
62. Your car must have a horn that can be heard from a distance of 200 feet.  
 True    False

# PARKING PROGRAM FOR PERSONS WITH DISABILITIES

The Office of the Secretary of State issues Persons with Disabilities license plates and parking placards to those who qualify under the Illinois Vehicle Code's definition for persons with disabilities and the Illinois Identification Card Act.

## APPLICATION

To receive Persons with Disabilities license plates or a parking placard, an application must be completed by the applicant and his/her physician. A licensed physician must certify on the application that the applicant has one of the qualifying disabilities. The application also must include the applicant's date of birth, gender and driver's license or state ID card number.

Applications are available from your local Driver Services facility or by contacting: Persons with Disabilities License Plates/Placard Unit, 501 S. Second St., Rm. 541, Springfield, IL 62756. Applications also are available at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com).

## PERSONS WITH DISABILITIES LICENSE PLATES

Persons with permanent disabilities may obtain disability plates for vehicles titled in their name. An immediate family member residing in the same household may obtain one set of plates if the qualifying person with disabilities does not own a vehicle and must rely on someone else for transportation. If a person does not meet the above criteria, he/she is only eligible for a permanent parking placard.

Corporations, school districts and special education cooperatives that transport persons with disabilities also are eligible for disability plates; however, if the corporation transports passengers for compensation, the plates are not allowed.



## PARKING PLACARDS

The Secretary of State's office also issues parking placards free to persons with disabilities. There are four different types of placards (see below).

### METER-EXEMPT PERMANENT

Placards are **YELLOW-AND-GRAY STRIPED** and issued to persons with a permanent disability. Holders are exempt from paying parking meter fees. The placard expires in 2018 of the month punched.

### PERMANENT

Placards are **BLUE** and issued to persons with permanent disabilities. Holders are **NOT** exempt from paying parking meter fees. The placard expires on the holder's birthdate in 2018.

### TEMPORARY

Placards are **RED** and valid for the length of time indicated by the certifying physician, not to exceed six months if issued by the Secretary of State and 90 days if issued by a local municipality.

### ORGANIZATION

Placards are **GREEN** and issued to organizations that transport persons with disabilities. The placard expires in April 2018.

**IMPORTANT: The authorized holder of disability plates and/or a parking placard must be present and must enter or exit the vehicle at the time parking privileges are being used.**

**JESSE WHITE**

Secretary of State • State of Illinois

**Persons with Disabilities Certification for Parking Placard/License Plates**

**DIRECTIONS:** Both sides of this document must be signed and completed. Applicants complete the appropriate section (Part 1 for applicant or Part 4 for family members driving a person with disabilities). Your physician, advanced practice nurse, optometrist or physician’s assistant **MUST** complete Part 2. **If you are also applying for meter-exempt parking, your physician, advanced practice nurse or physician’s assistant must also complete Part 3.**

**PART 1: Applicant Information**

I hereby certify that I meet the definition of a person with a disability as provided in 625 ILCS 5/1-159.1, and I certify that my physical condition entitles me to the issuance of a Persons with Disabilities Parking Placard/License Plates. By affixing my signature below, I understand that the parking placard/license plates may not be used unless I am the driver or passenger of the vehicle.

**WARNING: Misuse of a parking placard/plates or making a false application may result in revocation of your placard/plates, a 12-month suspension or revocation of your driver’s license and a fine of up to \$1,000.**

Name of Person with Disability		Male/Female	Date of Birth
Address		City, State, ZIP	
Daytime Telephone Number	Disability Parking Placard # (if any)	Disability Plate # (if any)	Today’s Date
Signature of Person with Disability		Illinois Driver’s License or Illinois ID Card # of Person with Disability	

**PART 2: Medical Eligibility Standards and Medical Professional Certification**

As a licensed physician, advanced practice nurse, optometrist or physician’s assistant, I certify that the individual named in Part 1 has a condition that constitutes him/her as a person with disabilities as defined in statute **due to a diagnosis of:** \_\_\_\_\_

**Check all that apply:**

- \_\_\_\_ Patient is restricted by a lung disease to such a degree that the person’s forced (respiratory) expiratory volume (FEV) is one second, when measured by spirometry, is less than one liter.
- \_\_\_\_ Patient uses a portable oxygen device.
- \_\_\_\_ Patient has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
- \_\_\_\_ Patient cannot walk without the assistance of a wheelchair, walker, crutch, brace, and other prosthetic device or without the assistance of another person.
- \_\_\_\_ Patient is severely limited in the ability to walk due to an arthritic, neurological, oncological or orthopedic condition.
- \_\_\_\_ Patient cannot walk 200 feet without stopping to rest because of one of the above five conditions.
- \_\_\_\_ Patient is missing a hand or arm or has permanently lost the use of a hand or arm.

**LENGTH OF DISABILITY: (check one)**

- Disability is permanent (**Note: Form must be mailed to the Springfield address on the reverse side.**)
- Disability is temporary; must state duration (maximum 6 months) \_\_\_\_\_  
**(Note: Form may be taken to any Secretary of State facility or mailed to the Springfield address on the reverse side.)**

**As the medical professional(s) executing this document and verifying the nature of the applicant’s disability, I understand that making a false representation of a person’s disability for the purposes of obtaining any type of disabled parking placard or plates may result in a suspension or revocation of my driver’s license and a fine of up to \$1,000.**

Medical Professional’s Printed Name	Specialty	Office Telephone Number
Address	City, State, ZIP	
Medical Professional’s Signature	IL License Number	Today’s Date
Name of Collaborating/Supervising Physician (if signed above by Advanced Practice Nurse or Physician’s Assistant)		Supervising Physician State Medical License #

**PART 3: Medical Eligibility for Meter-Exempt Parking and Physician’s Certification**

The meter-exempt parking certification must be completed **only when the applicant qualifies for meter-exempt parking**. To qualify, the applicant must have a valid Illinois driver’s license (if applicable), have an ambulatory disability described in Part 2 and also have one of the following conditions listed below. **Economic need is not a consideration for meter-exempt parking.**

I hereby certify \_\_\_\_\_ (Name of Person with Disability) \_\_\_\_\_ (Illinois Driver’s License of Person with Disability if applicable) as listed in Part 1 of this application is also eligible for meter-exempt parking as provided by statute due to the following **PERMANENT** medical condition or disability:

**Check all that apply:**

- \_\_\_\_\_ The patient cannot manage, manipulate, or insert coins, or obtain tickets or tokens in parking meters or ticket machines in parking lots due to the lack of fine motor control of **BOTH** hands.
- \_\_\_\_\_ The patient cannot reach above his/her head to a height of 42 inches from the ground due to a lack of finger, hand or upper-extremity strength or mobility.
- \_\_\_\_\_ The patient cannot approach a parking meter due to his/her use of a wheelchair or other device for mobility.
- \_\_\_\_\_ The patient cannot walk more than 20 feet due to an orthopedic, neurological, cardiovascular or lung condition in which the degree of debilitation is so severe that it almost completely impedes the ability to walk.
- \_\_\_\_\_ The patient is under 18 years of age and incapable of driving.

_____ Signature of Physician Advanced Practice Nurse/Physician’s Assistant	_____ Today’s Date
_____ Name of Collaborating/Supervising Physician (if signed above by Advanced Practice Nurse or Physician’s Assistant)	_____ Supervising Collaborating Physician’s State Medical License #

**PART 4: Disability License Plates Meter - Exempt Parking for Parent, Immediate Family Member or Legal Guardian Only:**

I hereby apply for disability license plates as a parent, legal guardian or immediate family member residing in the household of the disabled individual named in Part 1. This disabled individual owns no motor vehicles and I have primary responsibility for his/her mode of transportation. By affixing my signature below, I understand that the license plates or meter - exempt parking placard may not be used unless I am transporting the disabled individual in the vehicle.

**WARNING: Any misuse of the disability license plates or meter - exempt parking placard may result in revocation of the plates or placard, a 12-month suspension or revocation of your driver’s license and a fine of up to \$1,000.**

Parent’s, Legal Guardian’s or Family Member’s Name	Relationship to Person with Disability	Today’s Date
Address	City, State, ZIP	
Parent’s, Legal Guardian’s or Family Member’s Signature	Driver’s License # of Parent, Legal Guardian or Family Member	
Daytime Telephone Number		

**Temporary Disabled Parking Placard applications may be taken to any Secretary of State facility or mailed to the following address. Permanent Disabled Parking Placard applications must be mailed to: Secretary of State, Persons with Disabilities License Plates/Placard Unit, 501 S. Second St., Rm. 541, Springfield, IL 62756.**

FOR OFFICE USE ONLY

Parking Placard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issued By: \_\_\_\_\_ Issue Date: \_\_\_\_\_



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

DRIVER ANALYSIS DIVISION  
2701 S. DIRKSEN PARKWAY  
SPRINGFIELD, IL 62723  
217-782-7246  
www.cyberdriveillinois.com

**Medical Report**

Per 625 ILCS 5/6-908 of the Driver's License Medical Review Law and 625 ILCS 5/2-123(j), all medical statements or reports received by the Secretary of State shall be confidential. This information will be disclosed only as authorized by the above-referenced statutes as now or hereafter amended.

**SECTION I — To be Completed by Driver (Please print or type)**

Pursuant to 92 Illinois Administrative Code 1030.16, please complete the following information and sign the medical agreement as a condition of licensure.

Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female  
Month Day Year

City \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Agreement/Release of Information**

*I agree to remain under the care of my physician and follow the treatment exactly as prescribed. I hereby authorize and request my physician to release information regarding my medical condition to the Illinois Secretary of State, and to report any change in the status of my condition that would impair my ability to safely operate a motor vehicle. I understand that failure to abide by the conditions set forth in this agreement are grounds for the Secretary of State to deny or cancel my driving privileges. **This report shall remain valid for three months (90 days).***

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date of Signature

**SECTION II MEDICAL HEALTH — To be Completed by MD/DO and/or Medical Professional (NP/PA)**

Per Illinois Administrative Code Title 92, Part 1030, all sections of this report must be completed in its entirety.

**DATE OF COMPLETION OF MEDICAL HEALTH SECTION II:** \_\_\_\_\_

1. In your professional opinion, is this individual **MEDICALLY FIT** to safely operate a motor vehicle? YES  NO

2. Conditions: Yes or No required for each condition listed.
- (a) Cardiovascular YES  NO  (provide condition) \_\_\_\_\_
  - (b) Neurological YES  NO  (provide condition) \_\_\_\_\_
  - (c) Musculoskeletal YES  NO  (provide condition) \_\_\_\_\_
  - (d) Respiratory YES  NO  (provide condition) \_\_\_\_\_
  - (e) Seizure YES  NO  (provide condition) \_\_\_\_\_
  - (f) Diabetes YES  NO
  - (g) Dizzy/Fainting Spell YES  NO
  - (h) Alcohol/Drug Abuse YES  NO
  - (i) Other Medical Condition(s) (provide condition) \_\_\_\_\_

**\*For mental health disorders, please refer to Section III-Mental Health. Section III must be completed if the individual has a MENTAL HEALTH disorder.**

3. List all current medications prescribed relating to any condition indicated above in Question #2. (If medications are listed a condition must be disclosed above in Question #2.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  No medications prescribed

(continued on back)



PATIENT'S NAME: \_\_\_\_\_

5. Current Status of Condition:  
(A) Controlled  (B) Not Controlled: **will not affect driving**  (C) Not Controlled Condition: **may affect driving**   
(If **Not Controlled** is marked, you must provide details, which may include pertinent clinical information, i.e. test results, lab values, etc.)  
\_\_\_\_\_
6. In the past six months, has there been an attack of unconsciousness? YES  NO  Date of Attack \_\_\_\_\_  
(If YES, you must provide details, which may include pertinent clinical information.)  
\_\_\_\_\_  
\_\_\_\_\_
7. Have there been any attack(s) of unconsciousness since the original incident noted in Question 6? YES  NO   
Date of Attack(s) \_\_\_\_\_ (If YES, you must provide details, which may include pertinent clinical information.)  
\_\_\_\_\_  
\_\_\_\_\_
8. If there has been an attack of unconsciousness in the past six months you may provide a recommended time frame to return to driving. Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III MENTAL HEALTH — To be completed ONLY if driver has a Mental Health Disorder marked "YES" by MD/DO and/or Medical Professional (NP/PA).**

Mental Health Disorder: YES  NO

DATE OF COMPLETION OF MENTAL HEALTH SECTION III: \_\_\_\_\_

1. In your professional opinion, is this individual MENTALLY FIT to safely operate a motor vehicle? YES  NO
2. Mental Health Disorder Diagnosis/Condition(s): \_\_\_\_\_
3. List all current medications prescribed relating to mental health diagnosis/condition indicated above. (If medications are listed a condition must be disclosed above in Question #2.) \_\_\_\_\_  
\_\_\_\_\_
4.  No medications prescribed
5. (A) Controlled  (B) Not Controlled: **will not affect driving**  (C) Not Controlled Condition: **may affect driving**   
(If **Not Controlled**, you must provide provide details, which may include pertinent clinical information, i.e. test results, lab values, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV — Additional information, special restrictions, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V — MD/DO and/or Medical Professional (NP/PA)**

_____ Name of Medical Provider (Please Print)	_____ Medical Provider's Address (Please Print)
_____ Professional License Number/State License Issued	( ) _____ Telephone Number
<b>(Unacceptable Signatures: Chiropractors, Residents, Fellows, Interns, RN's, LPN's, Co-signatures)</b>	
_____ Provider's Signature — Date of Completion of Medical Health Section	_____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA Provider's Specialty
_____ Provider's Signature — Date of Completion of Mental Health Section	_____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA Provider's Specialty

**PLEASE MAINTAIN A COPY OF MEDICAL REPORT FOR YOUR RECORDS.**

# VISION SPECIALIST REPORT

DRIVER FACILITY CONTROL #

Secretary of State  
State of Illinois

<b>I. APPLICANT INFORMATION/TO BE FILLED OUT BY APPLICANT PLEASE PRINT</b>				
Name	Last	First	Middle	Driver's License Number
Street Address				Birth Date
				Month
				Gender <input type="checkbox"/> M <input type="checkbox"/> F
City		County		ZIP Code
<b>Telescopic Readings On Reverse</b>				

I authorize release of the report of this examination to the Secretary of State, Driver Services Department, Springfield, IL, for confidential use on my driving record. **This report is valid for six (6) months from the examination date below.**

Applicant Signature \_\_\_\_\_ Telephone Number (Telescopic Lens Wearer Only) \_\_\_\_\_

## II. ACUITY SECTION

**READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE.** (example: 20/40<sup>-1</sup> or 20/100<sup>+2</sup>)

Acuity	Vision Specialist Examination Certification		
	Both	Right	Left
With correction	20/	20/	20/
Without correction	20/	20/	20/

- Specialist – Check All Applicable Items:**
- Daylight Driving Only
  - Left and Right Outside Rearview Mirrors
  - Applicant Would Not Accept Correction

**Secretary of State Minimum Visual Screening Standards – Acuity**  
**Acuity:** No restrictions = 20/40 binocular (without corrective lenses)  
**Daylight driving only** = 20/41 to 20/70 (with best correction binocular)  
**Failure** = 20/71 or less (binocular)  
**Left and right outside rearview mirror** ≥ 20/100 (monocular)

FOR SECRETARY OF STATE USE ONLY

REVIEW HOST FOR:  Peripheral Reading \_\_\_\_\_

Acuity Reading \_\_\_\_\_ (Initials)

## III. PERIPHERAL SECTION

**Minimum Visual Screening Standards—Peripheral**

**Peripheral:** – Monocular = 70° temporal and 35° nasal (105° total field)  
 – Binocular = 140° total temporal field

Vision Specialist Examination Certification		
Left Eye Temporal Reading	Right Eye Temporal Reading	Total Field of Vision*
_____ °	_____ °	_____ °

(140° or greater – qualification with no restrictions. If 139° or less see below.)

\* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal **and** a nasal reading. At least one eye must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° to qualify with a restriction of **both** a left and a right outside rearview mirror. **If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.**

Complete **only** if applicant received less than 140° total field of vision above:

Left Eye			Right Eye		
Temporal	Nasal	Total	Temporal	Nasal	Total
_____ °	_____ °	_____ °	_____ °	_____ °	_____ °

## IV. FOLLOWUP REQUIREMENTS

- Specialist check all applicable items:
1.  **OPINION** - Required **ONLY** if driver is currently canceled due to a previous vision report indicating driver is **NOT** visually safe to operate a motor vehicle.
    - In my professional opinion, this individual is **NOT** visually fit to safely operate a motor vehicle.
    - In my professional opinion, this individual is visually fit to safely operate a motor vehicle.
  2.  Corrective lens(es) were accepted, checked and approved. Date: \_\_\_\_\_
  3.  Condition deteriorating and/or warrants monitoring (please explain) \_\_\_\_\_
- If Question 3 is marked, recommendation for re-examination **MUST** be indicated below:**
- 3 months     6 months     12 months     Other

## V. MEDICAL PROVIDER

**I certify that I have examined the eyes of the above-named individual and that a true record of my examination appears hereon.**

Date of Examination: \_\_\_\_\_ Provider's Signature (Stamped signatures unacceptable): \_\_\_\_\_

Professional License Number and State License Issued: \_\_\_\_\_ MD/DO  OD

Business Address: \_\_\_\_\_ City/ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**This Side to be Completed for Prescription Mounted Telescopic Lens Wearers ONLY.**

Sections I, IV and V (front) and the following sections must be completed for prescription spectacle mounted telescopic lens wearers. Applicants who qualify to drive with the use of a prescription telescopic lens arrangement are restricted to driving during daylight hours only, unless otherwise indicated, and are eligible for a Class "D" driver's license only.

**VI. TELESCOPIC ACUITY SECTION:**

READINGS THAT INDICATE A PLUS (+) OR MINUS (-) ARE NOT ACCEPTABLE. (example: 20/40<sup>-1</sup> or 20/100<sup>+2</sup>)

Vision Specialist Examination Certification (all readings below must be completed)

**Secretary of State Minimum Visual Screening Standards – Acuity**

- Central acuity through the telescopic lens must be  $\geq 20/40$
- Central acuity through the carrier must be  $\geq 20/100$
- Left and right outside rearview mirror  $\geq 20/100$   
(monocular vision through telescopic lenses)

Acuity	Both	Right	Left
Through carrier lenses	20/	20/	20/
Through telescopic lenses	20/	20/	20/
Without correction	20/	20/	20/

**VII. TELESCOPIC PERIPHERAL SECTION:**

**Minimum Visual Screening Standards—Peripheral**

- Peripheral:**
- Monocular = 70° temporal and 35° nasal  
(105° total field)
  - Binocular = 140° total temporal field

Vision Specialist Examination Certification

Left Eye Temporal Reading	+	Right Eye Temporal Reading	=	Total Field of Vision*
_____°		_____°		_____°

(140° or greater – qualification with no restrictions. If 139° or less see below.)

\* If the total field of vision above equals less than 140°, the applicant may still be able to qualify for a driver's license with restrictions. Screen each eye individually by finding a temporal **and** a nasal reading. At least one eye must have a minimum temporal reading of 70° and a minimum nasal reading of 35° for a total of 105° to qualify with a restriction of **both** a left and a right outside rearview mirror. **If neither eye has at least 70° temporal and 35° nasal, the applicant is not qualified to be licensed to drive in Illinois.**

Complete **only** if applicant received less than 140° total field of vision above:

Left Eye			Right Eye		
Temporal	Nasal	Total	Temporal	Nasal	Total
_____°	_____°	_____°	_____°	_____°	_____°

**VIII. TELESCOPIC APPLICANT ISSUED AND RECEIVED LENS ARRANGEMENT**

In your professional opinion, is there any indication that the applicant **MAY NOT** be capable of safely operating a motor vehicle?  Yes  No

- The patient has been fitted for a prescription spectacle-mounted telescopic lens arrangement and has had this arrangement in his/her possession for at least 60 days prior to the application date:  Yes  No
  - Date applicant received telescopic lens arrangement: \_\_\_\_\_
  - Power of telescopic lens arrangement: **(Telescopic lens(es) may not exceed 3X wide angle or 2.2X standard)**  
Power reading: \_\_\_\_\_  Wide  Standard
  - The patient is safe to operate a motor vehicle during nighttime hours while using a telescopic lens arrangement:  Yes  No  
(Only applicable to drivers who meet the standards to be granted nighttime privileges as per Title 92, Section 1030.75 of the Illinois Administrative Code.)
- Additional comments or restrictions: \_\_\_\_\_

**IX. TELESCOPIC REQUIREMENTS**

Has the patient completed all the following requirements **AFTER** the 60-day period of the new/current prescription?  Yes  No

- The patient has clinically demonstrated the ability to locate stationery objects within the telescopic field by aligning the object directly below the telescopic lens and moving the head down and the eyes up simultaneously.
- The patient has clinically demonstrated the ability to locate a moving object in a large field of vision by anticipating future movement, so that by moving the head and eyes in a coordinated fashion, he/she is able to locate the moving object within the telescopic field.
- The patient has clinically demonstrated the ability to remember what has been observed after a brief exposure, with the duration of the exposure progressively diminished to simulate reduced observation time while driving.
- The patient has experienced levels of illumination, which may be encountered during inclement weather or when driving from daylight into areas of shadow or artificial light, and the patient has clinically demonstrated the ability to successfully adjust to such changes.
- The patient has experienced walking and riding as a passenger in a motor vehicle so that he/she has a practical experience of motion while objects are changing position.

STATE OF ILLINOIS - JESSE WHITE - SECRETARY OF STATE

F1:  
F2:

APPLICATION FOR:

COUNTY	SOCIAL SECURITY NO.	HEIGHT FT. IN.	WEIGHT	COLOR HAIR	COLOR EYES	GENDER	DATE OF BIRTH MO. DAY YR.
DRIVER'S LICENSE/ID CARD NUMBER		CLASS		ENDORS.		RESTRICTIONS	EXPIRATION DATE

FULL NAME								ZIP CODE
RESIDENTIAL ADDRESS								
CITY OR TOWN								
COUNTY	SOCIAL SECURITY NO.	HEIGHT FT. IN.	WEIGHT	COLOR HAIR	COLOR EYES	GENDER	DATE OF BIRTH MO. DAY YR.	
T/A	T/L	CDL	NON-CDL	REASON	CLASS		ENDORS.	
RESTRICTIONS NONE <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> V								

LOCAL MODE	NO PHOTO	NO. CHG.	CDTP	M. V.	DONOR
REASON FOR DUP. OR CORR.	50-HOUR CERTIFICATION	SCHOOL CODE	DONOR INITIALS		
COMPUTED DL/ID NUMBER	REASON CODE	EXPIRATION DATE			

ID PRESENTED  PDPS OVERRIDE

VALIDATE ABOVE THIS LINE

UNMARRIED PERSON UNDER AGE 18  
SIGNATURE of father, mother, guardian or other responsible adult:

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby give my written consent to the Secretary of State for the issuance of a driver's license to the person named on this application, and certify that the named minor is not a truant or a dropout.

FOR DRIVERS EDUCATION STUDENTS ONLY

\_\_\_\_\_ is a student of \_\_\_\_\_ School, \_\_\_\_\_ Illinois, and is enrolled in the Driver Education Class. \_\_\_\_\_ Signature of Instructor

STATES WHERE ANY DRIVER'S LICENSE HAS BEEN ISSUED DURING THE PAST 10 YEARS

VISION :

WITH GLASSES	20/	BOTH	20/	RIGHT	20/	LEFT
WITHOUT GLASSES	20/		20/	RIGHT	20/	LEFT
PERIPHERAL FIELD		BOTH		RIGHT		LEFT
NASAL READING						
TOTAL						

ATTACHMENTS :

- CLEARANCE LETTER
- VSR
- MED/PSYCH
- SCH BUS
- TVDL DOCS.
- OTHER \_\_\_\_\_

CONTACT LENSES : RIGHT  LEFT   
GLASSES  TELE. LENSES  HEARING AID

STATE	DU/ID NUMBER	ISSUE DATE	EXPIRATION DATE

FACILITY NO. \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_



Remarks \_\_\_\_\_

**RENEWAL APPLICATION**

ATTEMPT	CLASS	PASS	FAIL	NA	INC	CERT	EMP. NO.	EMP. INIT.
V.P.								
V.A.								
BASIC								
CLASS								
MCY.								
DRIVE								
DRIVE								
KNOWLEDGE								
COMBINATION								
AIR BRAKE								
DOUB/TRIP								
PASSENGER								
TANKER								
HAZ.MAT.								
SCHIBUS								
PRE-TRIP								
SKILLS								
ROAD								
CHARTER BUS								

ORAL EXAM  REASON \_\_\_\_\_ FILE UPDATE BY \_\_\_\_\_

**Under penalties of perjury** as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, I hereby swear or affirm that the motor vehicle to be used for this road test is insured pursuant to the provisions of the Illinois Mandatory Insurance Law of the Illinois Vehicle Code or falls under one of the exempted categories. I, the applicant, certify the commercial motor vehicle being used for the driving skills test is representative of the type of commercial motor vehicle I will operate or expect to operate.

DRIVE(S):	VEH. SAFETY (INSP. -1)		PASS		FAIL		IF FAIL:	
	1	2	1	2	1	2	POINTS	OTHER
CLASS								
PLATE							DANG. ACTION	
STATE							LACK OF COOP.	
YEAR							VIOLATION	
MAKE							ACCIDENT	
CCS							POINTS	

Examiner Result Verification Signature Number \_\_\_\_\_

**MOTOR VOTER DECLINATION STATEMENT**

I affirm that I was asked if I would like to apply to register to vote under the National Voter Registration Act and I have declined.

Applicant Signature \_\_\_\_\_

Employee Signature/Number \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Employee Signature/Number \_\_\_\_\_

**I am going to ask you the following questions, which require a "yes" or "no" response.**

- Is your driver's license or ID card or privilege to obtain a license or ID card suspended, revoked, cancelled or refused in any state under this or any other name? (If yes, a letter of clearance is required.) \_\_\_\_\_
- Do you presently hold a valid driver's license or ID card in this or any other state? \_\_\_\_\_
- Is your driver's license being held by a court in lieu of bail? \_\_\_\_\_
- If you are under age 18 and this is your initial application for a Graduated Drivers License, have you been issued any citation for which a disposition has not yet been rendered by a court of law? \_\_\_\_\_
- Are you currently under a court order of guardianship? (If yes, a medical report is required.) \_\_\_\_\_
- Do you have any condition that might cause a temporary loss of consciousness? (If yes, a physician's statement and a signed medical agreement are required.) \_\_\_\_\_
- Do you have any mental or physical condition that might interfere with safe driving? (If yes, a physician's statement and a signed medical agreement are required.) \_\_\_\_\_
- Do you use any drugs, including prescription medication, or alcohol to an extent that they impair your driving ability or has a court committed you to a mental health facility within the last four years? (If yes, a medical report is required.) \_\_\_\_\_
- Are your Commercial Driver's License privileges currently disqualified or subject to an out-of-service order? \_\_\_\_\_
- Do you certify that you meet the "Qualifications of Drivers," portion of Part 391 of the Federal Motor Carrier Safety Regulations and operate in non-excepted interstate commerce? Yes  NI No, I am not subject to the qualifications as I will operate in the following type of commerce:  EI  EA  NA \_\_\_\_\_
- Do you certify that you meet the hearing requirements outlined in 49 CFR 391.41 (b) (11)? \_\_\_\_\_

I understand that my Social Security Number will be disclosed to other states pursuant to the Commercial Motor Vehicle Act of 1986 (applies only to CDL applicants).

**NOTICE OF REQUIREMENT TO REGISTER**

The Secretary of State is required to provide notice to the following persons of their duty to register under the Sex Offender Registration Act: Those convicted of any felony as defined by Section 2 of the Sex Offender Registration Act (730 ILCS 150/2).

**NOTICE TO MALES AGES 18 TO 25:** In accordance with P.A. 92-0117, your signature on this application certifies that you have already registered with the Selective Services System or authorizes the Secretary of State to transmit your registration information to the Selective Services System for the purposes of registration, if so required by law.

**DISCLOSURE STATEMENT**

**Under penalties of perjury,** I swear or affirm that all information contained in and submitted with this application is true and correct and no fictitious documents have been presented. I acknowledge that disclosure of my social security number is mandatory pursuant to 625 ILCS 5/6-106 or 15 ILCS 335/5 and will be verified with the Social Security Administration and that it may be re-disclosed as provided in 625 ILCS 5/2-123, including to other governmental agencies. If I made application for a Temporary Visitor's Drivers License, I further swear or affirm that at the time of application I am not eligible to obtain a social security number.

# REVIEW OF THE MOST COMMON LAWS NOT OBEYED

- Using a cellphone while driving, unless using a hands-free device.
- Wearing your safety belt.
- Coming to a complete stop at stop signs (no rolling).
- Coming to a complete stop when you are leaving your driveway, parking lot or an alley or BEFORE you enter the street.
- Stopping BEHIND the crosswalk at a stop sign or traffic sign.
- Slowing down when you see a yield sign.
- Curbing your tires when you park on any hill.
- Using your turn signals when you pull OVER to any curb and when you pull AWAY from any curb.
- Not backing over the center line of the street when leaving your driveway and backing to the right.
- Turning into the inside lane when you complete a left turn into a multi-lane street or road.
- Observing ALL legal speed limits: school zone-20 mph, on school days when children are present; city areas-30 mph, unless otherwise posted; alleys-15 mph; interstate highways-65-70 mph, where posted; most other highways-55 mph.
- Staying on your own side of a street or highway that has no center line marked — not driving down the middle of the street.

## • **Scott's Law**

Scott's Law was passed in 2002 in honor of Scott Gillen of the Chicago Fire Department, who was struck and killed by a drunk driver while assisting at a crash on a busy Chicago expressway. Scott's Law states:

- When approaching a stationary emergency vehicle using visual signals, yield, change to a lane away from the emergency vehicle, and proceed with caution. If a lane change is not possible, reduce speed and proceed with caution.

## **Construction Zones**

- When approaching or entering a highway construction or maintenance area, slow down, yield to any authorized vehicles or workers in the area, change to a lane away from the workers, and proceed with caution. If a lane change is not possible, reduce speed and proceed with caution.

## **Penalties for Offenses**

- Fines up to \$10,000.
- 90-day to two-year driver's license suspension.

- **Emergency Vehicles**

- When being approached by an emergency vehicle using audible and visual signals, immediately pull to the right side of the road and wait for the emergency vehicle to pass. If stopped at an intersection with two-way traffic, remain stopped until the emergency vehicle passes.

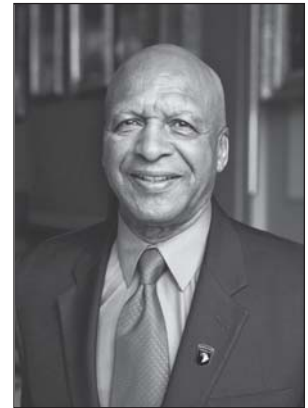
- **Funeral Processions**

Motorists encountering a funeral procession must:

- Yield the right of way to all vehicles in the procession.
- Not drive between vehicles in an organized funeral procession, except when required to do so by a law enforcement officer.
- Not join a funeral procession for the purpose of securing the right of way.
- Not attempt to pass any vehicle in an organized funeral procession, except where a passing lane has been specifically provided.

“Emergency personnel, construction workers and motorists in funeral processions deserve our utmost respect and consideration on the road. We need to be responsible, law-abiding motorists and yield the right of way to all emergency vehicles, slow down in construction zones and use good judgment and respect when encountering funeral processions. Be a cautious and considerate driver and observe all traffic safety laws when sharing the road with others.”

— *Secretary of State  
Jesse White*



**Motorists are required to stop and yield (rather than slow down or stop if need be) to pedestrians in a crosswalk where there are no traffic signals.**

**To find the nearest Secretary of State facility in your area, visit**

**[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com) or call:**

**Toll Free: 800-252-8980 / Chicago Area: 312-793-1010**

# ANSWER KEY FOR WORKBOOK SAMPLE TESTS

## TRAFFIC SIGN IDENTIFICATION SECTION:

(a) 19	(b) 1	(c) 8	(d) 24
(e) 15	(f) 23	(g) 12	(h) 7
(i) 11	(j) 3	(k) 2	(l) 17
(m) 5	(n) 6	(o) 10	(p) 14
(q) 4	(r) 9	(s) 21	(t) 18
(u) 16	(v) 22	(w) 13	(x) 20

## WRITTEN EXAM SECTION:

- |           |           |           |
|-----------|-----------|-----------|
| 1. True   | 23. False | 45. a     |
| 2. a      | 24. True  | 46. True  |
| 3. True   | 25. True  | 47. True  |
| 4. True   | 26. True  | 48. False |
| 5. True   | 27. False | 49. True  |
| 6. b      | 28. True  | 50. False |
| 7. True   | 29. True  | 51. True  |
| 8. True   | 30. True  | 52. True  |
| 9. True   | 31. True  | 53. False |
| 10. False | 32. True  | 54. True  |
| 11. True  | 33. b     | 55. True  |
| 12. True  | 34. True  | 56. False |
| 13. False | 35. True  | 57. False |
| 14. c     | 36. True  | 58. True  |
| 15. True  | 37. True  | 59. False |
| 16. b     | 38. True  | 60. c     |
| 17. False | 39. True  | 61. False |
| 18. False | 40. True  | 62. True  |
| 19. c     | 41. a     |           |
| 20. True  | 42. False |           |
| 21. a     | 43. False |           |
| 22. True  | 44. True  |           |

*Thank you for participating in the Secretary of State Rules of the Road Review Course. The office strives to expedite seniors, persons with disabilities and expectant mothers while visiting a Driver Services facility. Depending on the facility, this may be an automated or manual process. If you need additional assistance, please do not hesitate to contact a Driver Services employee at the facility you are visiting.*



# DRIVER SERVICES FACILITIES AND HOURS

For information on holiday facility closings, please visit [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com) and select the "Find Your Nearest Facility" link

## DOWNSTATE FACILITIES

**Tues.** ..... 8 a.m. to 5:30 p.m.  
**Wed. - Fri.** ..... 8 a.m. to 5 p.m.  
**Sat.** ..... 7:30 a.m. to Noon  
 Aledo ..... 706 South E. 3rd St.  
 Anna ..... 101A Transcraft Dr.  
 Beardstown ..... 103 W. 15th St.  
**\*Belleville** ..... **400 W. Main**  
 Belvidere ..... 425 Southtowne Dr., Ste. 200  
 Benton ..... 812 N. Main St.  
**\*Bethalto/E. Alton ... 20 Terminal Dr., Ste. 103**  
**\*Bloomington** ..... **1510 W. Market**  
 Bradley ..... 1111 Blatt  
 Cairo ..... 1203 Washington Ave.  
 Canton ..... 1015 W. Locust  
 Carbondale ..... 2516 W. Murphysboro Rd.  
 Carlinville ..... 120 Carlinville Plaza  
**\*Carmi** ..... **1128 W. Oak St.**  
 Carthage ..... 130 Buchanan St.  
 Centralia ..... 418 S. Poplar St.  
 Chadwick ..... 236 Main St.  
**\*Champaign** ..... **2012 Round Bard Rd.**  
 Charleston ..... 1010 "E" St.  
 Clinton ..... 1255 IL-54 East  
 Danville/Tilton ..... #5 Southgate  
**\*Decatur** ..... **3149 N. Woodford St.**  
 DeKalb ..... 1360 Oakwood Ave.  
 Dixon ..... 925 S. Peoria Ave.  
 E. St. Louis ..... 8750 Church Lane  
**\*Edwardsville** ..... **1502A Troy Rd.**  
**\*Effingham** ..... **444 S. Willow St.**  
**\*Fairfield** ..... **307 N. Market Ave.**  
 Flora ..... 847 E. North Ave.  
**\*CDL Written Test only**

**\*Freeport** ..... **1054 N. Riverside, Ste. C**  
 Galena ..... 987 Galena Square Dr.  
**\*Galesburg** ..... **1066 E. Losey**  
 Gibson City ..... 304 W. Second St.  
 Granite City ..... 1810 Edison St.  
 Greenville ..... 321 S. 2nd St.  
 Harrisburg ..... 350 Seright St., Ste. C  
 Havana ..... 210 S. Prairie Ridge Dr.  
**\*Hillsboro** ..... **2010 School St.**  
 Hoopston ..... 825 W. Elm St.  
**\*Jacksonville** ..... **901 W. Morton, Ste. 13**  
 ..... **Lincoln Square Shopping Ctr.**  
**\*Jerseyville** ..... **710 County Rd.**  
 Kewanee ..... 715 Tenney St.  
 Lacon ..... 127 Prairie St.  
 LaSalle ..... 536 Third St.  
 Lawrenceville ..... 406 N. 15th St.  
 Lincoln ..... 2200 N. Kickapoo  
**\*Macomb** ..... **466 Deer Rd.**  
 Marion ..... 1905 Rendleman St.  
**\*Mattoon** ..... **2020 Charleston Ave.**  
 McLeansboro ..... 1105 E. Randolph St. 101  
 Mendota ..... 108 E. 12th St.  
**\*Metropolis** ..... **1112 W. 10th St.**  
 Moline/Silvis ..... 2001 Fifth St., Ste. 10  
 Monmouth ..... 330 N. Main St.  
 Monticello ..... 1205 Bear Lane  
 Morris ..... 2413 Sycamore Dr.  
 Mt. Carmel ..... 219 W. Second St.  
 Mt. Vernon ..... 320 E. Main St.  
**\*Nashville** ..... **480 N. Kaskaskia St.**  
 Olney ..... 1302 S. West St.  
 Oregon ..... 1302 Pines Rd.

Ottawa ..... 404 Stevenson Rd.  
 Paris ..... 714 Grandview St.  
**\*Pekin** ..... **200 S. 2nd St.**  
 Peoria ..... 3311 N. Sterling Ave.  
 Pinckneyville ..... 404 S. First  
 Pittsfield ..... 202 W. Jefferson  
**\*Pontiac** ..... **507 Crane St.**  
 Princeton ..... 225 Backbone Rd. East  
 Quincy ..... 2512 Locust St.  
 Rantoul ..... 421 S. Murray Rd.  
**\*Roanoke** ..... **106 W. Broad St.**  
**\*Robinson** ..... **1411 E. Main St.**  
**\*Rockford Central** ..... **3720 E. State**  
 Salem ..... 1375 W. Whittaker St.  
 Shelbyville ..... 311 N. Cedar St.  
**\*Sparta** ..... **202 W. Jackson St.**  
 Springfield (No Cycle Drives) .. 316 N. Klein St.  
**\*Sterling** ..... **1224 W. 4th St.**  
 Streator ..... 201 Danny's Dr., Ste. 6  
 Taylorville ..... 1400 E. Park  
 Tuscola ..... 211 S. Main St.  
 Vandalia ..... 13 Old Capitol Shopping Ctr.  
 Vienna ..... 400 E. Vine  
 Waterloo ..... 1335 Jamie Lane  
 Watseka ..... 1400 E. Walnut St.  
 Wyoming ..... 111 E. Williams  
**Mon. - Fri.** ..... **8 a.m. to 5 p.m.**  
**Rockford (CDL)** ..... **4734 Baxter Rd.**  
 Springfield ..... 2701 S. Dirksen Pkwy.  
**(CDL & Cycle Drives)**

## CHICAGO/METRO AREA FACILITIES

No CDL Written or Drives

**Mon., Tues., Thur., Fri.** ..... **8:30 a.m. to 5 p.m.**  
**Wed.** ..... **8:30 a.m. to 5:30 p.m.**  
 Bridgeview ..... 7358 W. 87th St.  
 Chicago Hts. .... 570 W. 209th St.  
 Chicago North ..... 5401 N. Elston Ave.  
 Chicago South ..... 9901 S. ML King Dr.  
 Deerfield (No Cycle Drives) .....  
 ..... 405 Lake Cook Rd., A6-9  
 Schaumburg ..... 1227 E. Golf Rd.  
**Tues. - Fri.** ..... **8 a.m. to 5:30 p.m.**  
**Sat.** ..... **7:30 a.m. to Noon**  
 Aurora ..... 339 E. Indian Trail  
 Chicago West ..... 5301 W. Lexington Ave.  
 Des Plaines ..... 1470 Lee St.  
 Elgin ..... 595 S. State St.  
 Joliet ..... 201 Joyce Rd.  
 Lake Zurich (CDL Written) ..... 951 S. Rand Rd.  
 Lombard ..... 837 S. Westmore  
 Melrose Park ..... 1903 N. Mannheim Rd.  
 Midlothian ..... 14434 S. Pulaski Rd.  
 Naperville ..... 931 W. 75th St., Ste. 161  
 Waukegan ..... 617 S. Green Bay Rd.  
 Woodstock ..... 428 W. Eastwood Dr.  
**Tues.** ..... **8 a.m. to 5:30 p.m.**  
**Wed. - Fri.** ..... **8 a.m. to 5 p.m.**  
**Sat.** ..... **7:30 a.m. to Noon**  
 Plano (CDL Written) ..... 712 E. South St.

## COMMERCIAL TRUCK/BUS CENTERS

CDL Written Exams Available Anytime  
 CDL Drives by Appointment Only

**Tues.** ..... **8 a.m. to 5:30 p.m.**  
**Wed. - Fri.** ..... **8 a.m. to 5 p.m.**  
**Sat.** ..... **7:30 a.m. to Noon**  
 Bradley ..... 1111 Blatt  
 Charleston ..... 1010 "E" Street  
 Danville/Tilton ..... #5 Southgate  
 DeKalb ..... 1360 Oakwood Ave.  
 E. St. Louis ..... 8750 Church Lane  
 Marion ..... 1905 Rendleman St.  
 Moline/Silvis ..... 2001 Fifth St., Ste. 10  
 Morris ..... 2413 Sycamore Dr.  
 Olney ..... 1302 S. West St.  
 Peoria ..... 3311 N. Sterling  
 Princeton ..... 225 Backbone Rd. East  
 Quincy ..... 2512 Locust St.  
 Rantoul ..... 421 S. Murray Rd.  
 Salem ..... 1375 W. Whittaker St.  
**Mon. - Fri.** ..... **8 a.m. to 5 p.m.**  
**Rockford** ..... **4734 Baxter Rd.**  
 Springfield ..... 2701 S. Dirksen Pkwy.  
 Elk Grove Village ..... 650 Roppolo Dr.  
 South Holland ..... 41 W. 162nd St.  
**Tues. - Fri.** ..... **8 a.m. to 5:30 p.m.**  
**Sat.** ..... **8 a.m. to Noon**  
 West Chicago ..... 1280 Powis Rd.  
**Tues. - Fri.** ..... **8 a.m. to 5:30 p.m.**  
**Sat.** ..... **7:30 a.m. to Noon**  
 Lake Zurich (No Drives) ..... 951 S. Rand Rd.

## EXPRESS FACILITIES

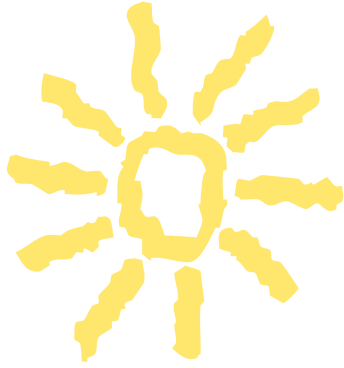
Vision Screening Only

**Tues. - Fri.** ..... **8 a.m. to 5:30 p.m.**  
**Sat.** ..... **7:30 a.m. to Noon**  
 Chicago Diversey Exp. .... 4642 W. Diversey  
 Lockport Exp. .... 1029-31 E. 9th St.  
**Mon. - Fri.** ..... **9 a.m. to 5 p.m.**  
 Orland Park ..... 14700 S. Ravinia  
**Mon. - Fri.** ..... **8:30 a.m. to 5 p.m.**  
 Wheaton ..... 128 W. Liberty  
**Wed., Thurs., Fri.** ..... **9 a.m. to 4 p.m.**  
 Roscoe ..... 10631 Main St.  
**Mon. - Fri.** ..... **8 a.m. to 5 p.m.**  
 Chicago Loop ..... 69 W. Washington Pedway  
**Tues.** ..... **8 a.m. to 5:30 p.m.**  
**Wed. - Fri.** ..... **8 a.m. to 5 p.m.**  
**Sat.** ..... **7:30 a.m. to Noon**  
 Rockford Express ..... 3214 Auburn St.

## SPECIAL SITES

No Road Exams – No CDL Written  
**Mon. - Fri.** ..... **8 a.m. to 5 p.m.**  
 Chicago Central ..... 100 W. Randolph  
 (Lower Level)

**FOR MORE INFORMATION:**  
[www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)  
 Toll Free: 800-252-8980  
 Chicago Area: 312-793-1010



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and other programs offered by  
the Secretary of State:

**Driver Services Department**

**312-814-3676**

**888-261-5238 (Nex Talk)**

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