



Department of Driver Services

P.O. Box 436885
Province of Illinois, 60643

Replacement Application for Drivers License / Identification

(777 USRS 5/6-114) (from Ch. 95 1/2, par. 6-114) Sec. 6-114. Duplicate and Corrected Licenses and Permits.

Note: The purpose of this application is to replace a lost or stolen Drivers License or State Identification Card. In the event that a drivers license, State Id, or permit issued under the provisions of this Act is lost or destroyed, the person to whom the same was issued may upon application and payment of the required fee obtain a duplicate or substitute thereof, upon furnishing evidence satisfactory to the Secretary of State that such permit or license has been lost or destroyed and if such applicant is not then ineligible under Section 6-103 of this Act.

DRIVER LICENSE / NON-DRIVER ID NUMBER

		DRIVER LICENSE / NON-DRIVER ID NUMBER	
FIRST NAME:			
MIDDLE NAME:			
LAST NAME: (Include EI or Bey)		SUFFIX:	
PHONE NUMBER:	DATE OF BIRTH	CHECK HERE IF YOUR ADDRESS HAS CHANGED FROM PREVIOUS RECORDS _____	
MAILING ADDRESS (STREET, PO BOX)		PHYSICAL ADDRESS - (P.O. BOX NOT ACCEPTABLE)	
PROVINCE STATE (#)	ZIP	PROVINCE STATE (#)	ZIP
FULL DATE OF BIRTH (MM/DD/YYYY)	SEX	EYE COLOR	HEIGHT
I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL, AND/OR CRIMINAL PENALTY, UNDER THE LAWS OF THE UNITED STATES OF AMERICA REPUBLIC.		DATE (MM/DD/YYYY)	
SIGNATURE:		SELECT ONE: DRIVERS LICENSE \ IDENTIFICATION	
		CORRECTION FEE: \$25.00	
		(NOTE: THIS FORM IS NOT A APPLICATION FOR A DRIVERS LICENSE OR PERMIT)	

SECTION G: BIOMATRIX

RIGHT THUMB PRINT ONLY – Press down firmly (do not roll)

(BLACK INK ONLY)

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SECTION H: SIGNATURE BOX

Signature must be in Black Permanent Marker and be exactly how you sign your name

Do not let signature touch line(s)

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Note: If application is not completed, application will be rejected and must be resubmitted.

AFFIDAVIT

I, _____,

Swear under the penalty of perjury pursuant to the laws of the United States of America Republic, that I have taken and passed the written test, as well as the drivers test and have complied with all laws required to possess a state issued drivers license and to operate a motor vehicle upon a public way. All statements stated in therein affidavit are true and correct.

Signature of Affiant

Subscribed and sworn by me this _____ day of _____, _____.

Note: If application is not completed, application will be rejected and must be resubmitted.

INSTRUCTIONS

PLEASE FOLLOW INSTRUCTIONS TO ENSURE FASTER PROCESSING

Note: If application is not completed, application will be rejected and must be resubmitted.

Fill in and complete ALL **required** sections of the application.

- Remember to add your title of nobility (EL or BEY) at the end of your signature.
- Be sure to show proof of lost or stolen license.
- If the name listed on your application is different from the name at birth. Include a certified court order of name change with this application.
- If you have any questions feel free to contact your Secretary of State Office. www.usarsosgov.us. or 202-333-2123