

**RESTRICTED DRIVING PERMIT
VERIFICATION FORM
BMO AND PROBATIONARY PERMITS**



**Office of the
Secretary of State
DEPARTMENT OF
ADMINISTRATIVE HEARINGS**

Mail this form to:
Secretary of State
Department of Administrative Hearings
Support Services Section
501 S. 2nd St., Room 212, Howlett Building
Springfield, IL 62756
Phone: 217-782-7065
ilsos.gov

Petitioner's Name: _____

Driver's License Number: _____

I, the undersigned, hereby affirm that the following information is true and correct.

Please indicate the 12-hours-a-day and six-days-a-week that you want on your restricted driving permit. The radius is 200 miles.

Sunday	_____ a.m./p.m.	_____ a.m./p.m.
Monday	_____ a.m./p.m.	_____ a.m./p.m.
Tuesday	_____ a.m./p.m.	_____ a.m./p.m.
Wednesday	_____ a.m./p.m.	_____ a.m./p.m.
Thursday	_____ a.m./p.m.	_____ a.m./p.m.
Friday	_____ a.m./p.m.	_____ a.m./p.m.
Saturday	_____ a.m./p.m.	_____ a.m./p.m.

**NOTE: Please circle a.m.
or p.m. for each
starting and ending
time entered.**

You will be issued a restricted driving permit for class D.

The undersigned is required and hereby agrees to notify the Secretary of State's office if there are any changes to the RDP. The Petitioner must contact an Informal Hearing Officer with these changes in order to apply for a corrected restricted driving permit.

Signature: _____ Date: _____