



Illinois School Bus Driver Permit

Employer Number: _____

Illinois D/L Number: _____

LEGAL

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Birthplace: _____
Mo. Day Year State

Citizenship: _____ Social Security#: _____ - _____ - _____

Height: _____ Weight: _____

CIRCLE CODES THAT APPLY

Daytime Phone: _____

Reprint: FBI State Both

<u>SEX</u>	
Male.....M	
Female.....F	
<u>Hair Color</u>	
Bald.....BAL	
Black.....BLK	
Blond/Strawberry..BLN	
Brown.....BRO	
Gray/Part Gray....GRY	
Red/Auburn.....RED	
Sandy.....SDY	
White.....WHI	

<u>RACE</u>	
White.....W	
Black.....B	
Asian/Pacific Isl....A	
Am. Indian/Alaskan...I	
Hispanic.....H	
<u>EYE COLOR</u>	
Black.....BLK	
Blue.....BLU	
Brown.....BRO	
Gray.....GRY	
Green.....GRN	
Hazel.....HAZ	
Maroon.....MAR	
Pink.....PNK	

Call 1-815-836-0236 to schedule an appointment. Please bring your **Driver's License (or other State or Federal-issued Photo ID)** to your fingerprint appointment, along with a **Check or Money Order for \$59.00** made payable to CLS Background Investigations.