



Department of Driver Services

P.O. Box 436885

Province of Illinois, 60643.

**Correction 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 person to whom has been issued a drivers license or permit under the provisions of this Act and who desires to obtain a corrected permit or license to indicate a correction of legal name or residence address or to correct a statement appearing upon the original permit or license may upon application and payment of the required fee obtain a corrected permit or license. The original permit or license must accompany the application for correction or evidence must be furnished satisfactory to the Secretary of State that such permit or license has been lost or destroyed.

DRIVER LICENSE / NON-DRIVER ID NUMBER

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FIRST NAME:					
MIDDLE NAME:					
LAST NAME: (INCLUDE EL OR BEY)			SUFFIX:		
CONTACT:		D.O.B.:		CHECK HERE IF YOUR ADDRESS HAS CHANGED FROM PREVIOUS RECORDS _____	
MAILING ADDRESS (STREET, PO BOX)			PHYSICAL ADDRESS - (NO P.O. BOX)		
PROVINCE STATE (#)		ZIP	PROVINCE STATE (#)		ZIP
FULL DATE OF BIRTH (MM/DD/YYYY)		SEX	EYE COLOR	HEIGHT	WEIGHT
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. SIGNATURE:			DATE (MM/DD/YYYY)		
			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.

CORRECTION FORM 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 sections of the application.

- Remember to add your title of nobility (**EL or BEY**) at the end of your signature.
- Be sure to provided evidence of change of address.
- 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