OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

FIELD SERVICES
2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
217-782-7044
www.cyberdriveillinois.com

# 50 HOUR CERTIFICATION / UNDER AGE 18 APPLICANT

I hereby certify that _____,
Applicant's Name

with Permit Number _____ has had a minimum of 50 hours of behind-the-wheel driving practice (at least 10 or more of those hours at night) and is sufficiently prepared and able to safely operate a motor vehicle. The 50 hours are in addition to the required hours that my son/daughter has spent with a driver education instructor. I understand that all 50 hours must be spent with someone age 21 or older who has been licensed for at least one year. I also understand that, as a parent/legal guardian, I am providing written consent permitting a minor under age 18 to apply for a driver's license, and that I may withdraw the consent at any time prior to the applicant's 18th birthday. Under penalties of perjury, I swear or affirm that all the information submitted by me regarding this certification is true and correct.

_____ _____
Signature and Driver's License Number of Parent, Legal Guardian or Other Responsible Adult — Date

The following chart may be used to record the 50 hours of driving practice. Please designate "D" (daytime hours) or "N" (nighttime hours) in the appropriate box below.

| Date | Location of practice (e.g., highway, residential area) | Day or Night | Weather conditions | Time spent* | Initials of adult |
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* Total time spent practicing must equal a **MINIMUM OF 50 HOURS.**

| Date | Location of practice (e.g., highway, residential area) | Day or Night | Weather conditions | Time spent* | Initials of adult |
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