



Return completed form using a **trackable** service through FedEx or USPS only (NOT UPS) to:

National Safety Council
ATTN: IL Program
200 Salina Meadows Parkway, Suite 200
Syracuse, NY 13212

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE, SPRINGFIELD, ILLINOIS
AFFIDAVIT OF INABILITY TO SURRENDER DRIVERS LICENSE OR PERMIT

State of Illinois

County of _____

I, _____, do hereby affirm:
(First Name) (Middle Initial) (Last Name)

That I reside at _____
(Street # and Name) (Apt #) (City)

in the State of _____, Zip Code _____.

That I was born on the _____ day of _____ (year) _____.

That I have previously been issued an Illinois Drivers License, License Number: _____

That I am unable to surrender said license or permit to the Secretary of State, the reason being,

and that said license is not now in or subject to my possession. That in the event that said license or permit hereafter comes into my possession, I will promptly surrender same to the Office of the Secretary of State.

Signature of Licensee