

**THIS FORM MUST BE MAILED
SEPARATELY TO THE ADDRESS BELOW.**

OUT-OF-STATE AFFIDAVIT FINANCIAL RESPONSIBILITY INSURANCE WAIVER

Former Illinois Driver's License Number _____

New Driver's License Number (if applicable) _____

Full Name:	Last	First	Middle		
Current Street Address:	City	State	ZIP	County	
Prior Illinois Street Address:	City	ZIP	County		
Sex:	Date of Birth:	Month	Day	Year	Social Security Number
<input type="checkbox"/> Male	<input type="checkbox"/> Female				

I hereby affirm that I am no longer a resident of the State of Illinois, and I am requesting that I be relieved of the requirement to file Proof of Financial Responsibility in Illinois as outlined in Public Act 94-0224.

I hereby affirm that the information provided is true and correct.

Signature

Date

Once this request has been processed and accepted you will be notified in writing. Please allow ample time for processing. If you return to Illinois in the next three years, you will be required to file proof of insurance in the form of an SR22 Certificate before issuance of a new Illinois driver's license.

**THIS FORM MUST BE SIGNED, DATED
AND MAILED DIRECTLY TO THE
FOLLOWING ADDRESS:** _____ →

**Illinois Secretary of State
Driver Services Department
Financial Responsibility Section
2701 S. Dirksen Pkwy.
Springfield, IL 62723
Phone: 217-782-3720**