Commercial Vehicle Relocator's License

_____ RTV- R
(For ICC Use Only)

APPLICATION

(Must be typewritten or printed in black ink.)

Type of Relocator's License you are seeking:

☐ Initial Application

☐ Renewal Application [shall be filed with the Commerce Commission no earlier than 90 days and no later than 45 days prior to the license expiration].

APPLICANT'S IDENTITY:

Full Legal name _____

Trade Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers _____ _____

Telephone Numbers _____ _____

APPLICANT'S AGENT:

Local Process Agent _____

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers _____ _____

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APPLICANT IS A(N):

◯ Individual Proprietorship

◯ Partnership

List Partners _____

_____

_____

_____

_____

◯ Corporation

Attach Articles of Incorporation

State of Incorporation _____ [If incorporated outside Illinois, attach a Certificate of Authority to do business in Illinois].

List Corporation Stockholder(s) and percentage held by each:

Name	Percentage
	%
	%
	%
	%
	%

Completion of this form is necessary to accomplish the statutory purpose set forth in 625 ILCS 5/18a-400 and 18a-401. Failure to complete this form in full may prevent the approval of your application.

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THE FOLLOWING INFORMATION MUST BE PROVIDED FOR EVERY INDIVIDUAL, PARTNER AND/OR STOCKHOLDER: **

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number and Street)

_____
(City) (State) (Zip Code)

TELEPHONE NUMBER: _____
(Home) (Other)

DATE OF BIRTH: _____ SSN: _____

ILLINOIS DRIVER'S LICENSE #: _____

RACE _____ GENDER _____ HEIGHT _____ WEIGHT _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number and Street)

_____
(City) (State) (Zip Code)

TELEPHONE NUMBER: _____
(Home) (Other)

DATE OF BIRTH: _____ SSN: _____

ILLINOIS DRIVER'S LICENSE #: _____

RACE _____ GENDER _____ HEIGHT _____ WEIGHT _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number and Street)

_____
(City) (State) (Zip)

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TELEPHONE NUMBER: _____
(Home) (Other)

DATE OF BIRTH: _____ SSN: _____

ILLINOIS DRIVER's LICENSE #: _____

RACE _____ GENDER _____ HEIGHT _____ WEIGHT _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number and Street)

_____
(City) (State) (Zip)

TELEPHONE NUMBER: _____
(Home) (Other)

DATE OF BIRTH: _____ SSN: _____

ILLINOIS DRIVER'S LICENSE #: _____

RACE _____ GENDER _____ HEIGHT _____ WEIGHT _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number and Street)

_____
(City) (State) (Zip)

TELEPHONE NUMBER: _____
(Home) (Other)

DATE OF BIRTH: _____ SSN: _____

ILLINOIS DRIVER'S LICENSE #: _____

RACE _____ GENDER _____ HEIGHT _____ WEIGHT _____

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Applicant intends to operate from the following location(s): **

Address _____ Owned ☐ Leased ☐

City _____ State _____ Zip Code _____

Telephone Number _____ County _____

Address _____ Owned ☐ Leased ☐

City _____ State _____ Zip Code _____

Telephone Number _____ County _____

Address _____ Owned ☐ Leased ☐

City _____ State _____ Zip Code _____

Telephone Number _____ County _____

Applicant intends to operate the following listed vehicles: **

Year	Make	Model	VIN

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BACKGROUND INFORMATION: **

___ Applicant does not owe the State of Illinois any registration fee or any tax due for the privilege of operating any motor vehicle upon the public highways in the State of Illinois.

___ Applicant does owe the State of Illinois a registration fee or tax due for the privilege of operating any motor vehicle upon the public highways in the State of Illinois.

If any such fee or tax is owed, an agreement to pay such delinquent fee or tax has to be entered into with the Illinois Attorney General which agreement is not in default as attested to by the certificate from the Illinois Attorney General's office.

THE AFOREMENTIONED AGREEMENT MUST BE ATTACHED!

List below those criminal offenses for which the applicant or his employees, officers, directors, or managers have been convicted. Exclude convictions for minor traffic violations.

Name _____

Offense _____

Penalty _____

Court _____

Court Location _____

_____

Name _____

Offense _____

Penalty _____

Court _____

Court Location _____

_____

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Name _____

Offense _____

Penalty _____

Court _____

Court Location: _____

_____

Name _____

Offense _____

Penalty _____

Court _____

Court Location _____

_____

Name _____

Offense _____

Penalty _____

Court _____

Court Location _____

_____

☐ Applicant now holds, has an application pending, or within the last two years applied for a Commercial Vehicle Relocator's License. Docket Number _____

Disposition of prior filing: _____

_____

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APPLICANT'S BALANCE SHEET

ASSETS		LIABILITIES	
Cash	$_____		
Market Value of Vehicles	$_____	Debt on Vehicles	$_____
Market Value of Land	$_____	Unpaid Mortgage on Land	$_____
Notes Receivable	$_____	Notes Payable	$_____
Accounts Receivable	$_____	Accounts Payable	$_____
Other Assets	$_____	Other Liabilities	$_____
TOTAL ASSETS	$_____	TOTAL LIABILITIES	$_____

NET WORTH (Assets - Liabilities) = $_____

SIGNATURES:

_____ _____
Applicant's Signature Date

_____ _____
Applicant's Signature Date

_____ _____
Applicant's Signature Date

STATE OF :
: ss
COUNTY OF :

Subscribed and sworn before me, a Notary Public, in and for the State of Illinois and County above named, this_____ day of _____, 20____.

Notary Public

(S E A L)

My Commission expires _____.

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APPLICATION FEE: $900.00 [Initial or Biennial Renewal]

Make checks payable to the Illinois Commerce Commission.

Submit application and fees to:

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

!! ALL FILING FEES ARE NON-REFUNDABLE !!

** If you need additional space, please feel free to copy pages of this form as necessary.

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Dear Applicant,

AUTHORIZATION TO RELEASE INFORMATION

I, _____,

Authorize the Illinois State Police to release to the Illinois Commerce Commission Police information on criminal convictions relative to my fitness to be licensed as a Commercial Vehicle Relocator.

_____
Name of Relocator

Signature: _____

Date: _____

This form must be completed by every individual, partner or corporate stockholder

Print Form