



Application for Commercial Vehicle Relocator’s License

APPLICATION INSTRUCTIONS

- The Commercial Vehicle Relocator’s License Application form, or photocopies of this form, must be used.
- A **non-refundable** application fee of \$900.00 must accompany this application. The fee must be paid by check or money order made payable to the Illinois Commerce Commission. Submit application and fees to:
 Illinois Commerce Commission
 Attn: Processing and Information Section
 527 East Capitol Avenue Springfield,
 Illinois 62701
- All Parts of this application must be completed; failure to complete any portion in full will result in the rejection of your application. If any space on the forms is insufficient, write “see attached sheet” in the space and attach a plain, white 8 ½” x 11” sheet that identifies the question and contains that portion of your answer that would not fit on the form. If more than one attached sheet is used, number attached sheets consecutively.
- In order to qualify for a Commercial Vehicle Relocator’s License, the Applicant must demonstrate that it is fit, willing, and able to provide the relocation services in compliance with the Illinois Commercial Relocation of Trespassing Vehicles Law and Commission regulations. See 92 Ill. Adm. Code 1710.22.
- Applicants filing initial applications must publish notice of the initial application one time in the Official State Newspaper and a secular newspaper of general circulation published in the county of the Applicant’s place of business. If the Applicant has properly completed and filed the application, it will receive a notice of hearing from the Commission authorizing to publish notice. Notice must be published using the forms mailed to the Applicant by the certificate of publication with the Processing and Information Section of the Commission at the address located in paragraph # 2 above.

Part 1. IDENTITY OF APPLICANT

- Identify the type of business entity. Check only one Box.

Corporation:	If the Corporation is less than 1 year old, submit a copy of the Articles of Incorporation; if the Corporation is more than 1 year old, submit a Certificate of Good Standing from the Illinois Secretary of State. If the Corporation is not incorporated in Illinois, provide its authorization to do business in Illinois as a Foreign Corporation as recorded by the Illinois Secretary of State.
LLC:	If the Limited Liability Company (“LLC”) is less than 1 year old, submit a copy of the Articles of Organization; if the LLC is more than 1 year old, submit a Certificate of Good Standing from the Illinois Secretary of State. If the LLC is not organized in Illinois, provide its authorization to do business in Illinois as a Foreign LLC as recorded by the Illinois Secretary of State.
General Partnership:	Submit a copy of the written agreement creating the partnership.
Limited Partnership:	If the Limited Partnership (“LP”) is less than 1 year old, submit a copy of the Certificate of Limited Partnership; if the LP is more than 1 year old, submit a Certificate of Existence from the Illinois Secretary of State. If the LP is not organized in Illinois, provide its authorization to do business in Illinois as a Foreign LP as recorded by the Illinois Secretary of State.
Limited Liability Limited Partnership:	If the Limited Liability Limited Partnership (“LLLP”) is less than 1 year old, submit a copy of the Certificate of Limited Partnership; if the LLLP is more than 1 year old, submit a Certificate of Existence from the Illinois Secretary of State. If the LLLP is not organized in Illinois, provide its authorization to do business in Illinois as a Foreign LLLP as recorded by the Illinois Secretary of State.
Limited Liability Partnership:	If the Limited Liability Partnership (“LLP”) is less than 1 year old, submit a copy of the Statement of Qualification; if the LLP is more than 1 year old, submit a Certificate of Existence from the Illinois Secretary of State. If the LLP is not organized in Illinois, provide its authorization to do business in Illinois as a Foreign LLP as recorded by the Illinois Secretary of State.

- An oral hearing is required on initial applications for Commercial Vehicle Relocator Licenses. Any business entity other than a sole proprietorship requires an attorney to represent it at the hearing.
- For Corporations, LPs, LLPs, LLLPs and LLCs, the legal name must be entered exactly as it is registered with the Illinois Secretary of State. For general partnerships, the legal name must be entered exactly as it appears on the written partnership agreement.



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9. For sole proprietorships and general partnerships, the trade name, if any, must be entered exactly as it is registered with the County Clerk's office responsible for regulating trade or business names in your locality. A certificate of publication under the Assumed Business Name Act must be submitted with the application and may be obtained from the County Clerk in the county in which the business is conducted.
10. For Corporations, LPs, LLPs, LLLPs and LLCs, the trade name, if any, must be entered exactly as it is registered with the Illinois Secretary of State. Business Address is the actual physical location of the business; do not use a P.O. Box number.

PART 2. AGENT FOR SERVICE OF PROCESS

11. The Agent for Service of Process is the individual who shall receive any Commission correspondence, such as notices, orders, and administrative or judicial process on behalf of the Applicant.

PART 3. BUSINESS OWNERSHIP INFORMATION

12. Complete Part 3A if Applicant is a corporation, LLC, or partnership. Identify the shareholders, members, or partners who own 5% or more of the Applicant.
13. In Part 3B, provide the identifying information for each individual according to the instructions contained in Part 3B on page 5.
14. Answer whether the sole proprietor or any partner, shareholder, controller, director, officer, member, manager, employee and or agent listed as an owner of the Applicant has been convicted of any crime other than a minor traffic violation. If the answer to this question is yes, complete the remainder of Part 3C. A separate block must be prepared for each offense.
15. All individuals listed in Part 3B of the application must complete the Fingerprinting Form and the Authorization to Conduct a Criminal Background Check and Obtain Information.

PART 4. APPLICANT'S EQUIPMENT AND FACILITIES

16. For each location utilized by the Applicant, provide either proof of ownership or a written lease for the property.
17. Provide a copy of the vehicle registration for all towing vehicles the Applicant intends to use under its relocator's license.
18. If Applicant intends to conduct drive-away removals of medium and/or heavy duty vehicles, it must submit the following: 1) verification of extended insurance coverage on letterhead of the insurance agency including: an authorized signature, the policy number, and the effective dates of the insurance coverage; and 2) a copy of the extended coverage insurance policy.

PART 5. DISCLOSURES

19. Mark the appropriate box and, where appropriate, provide complete details for each question.

PART 6. FINANCIAL STATEMENT

20. Provide an accurate balance sheet of the Applicant as of the date of the application. Where a line item does not apply to the Applicant, use the number 0. Current liabilities should be expressed in terms of annual expenses. A professionally prepared financial statement or profit and loss report may be substituted for Part 6 if it contains substantially similar information requested by the Commission and it is certified by an appropriately licensed accountant or accounting firm.
21. Applicant must submit a current bank statement (the account number may be removed) supporting the cash line item. The Applicant may be asked to provide additional documentation that supports the Applicant's disclosures including, but not limited to, tax returns.

PART 7. VERIFICATION

22. Sole proprietorship: This application must be signed by the person whose name appears in Part 1.
Partnership: This application must be signed by at least one partner.
Corporation: This application must be signed by an officer of the corporation.
LLC: This application must be signed by a manager or member of the limited liability
23. If the person verifying the application is someone not already listed in the application, proof of the individual's authority to sign on behalf of the Applicant must be submitted at the time of filing.

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_____ RTV-R
(for ILCC Use Only)

APPLICATION

(Must be typewritten or printed in ink)

Type of Application (check one):	
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal Application
Must be filed no earlier than 90 days and no later than 45 days prior to expiration.	
Relocator's license number:	Relocator's license expires:

PART 1. IDENTITY OF APPLICANT

Business Type (check one):			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
		State of Incorporation:	State of Organization:
Full Legal Name:		FEIN/SSN:	
Trade Name (if different than Applicant's full legal name):			
Business Address:			
City:		State:	Zip Code:
Telephone Number:		Fax Number:	

PART 2. AGENT FOR SERVICE OF PROCESS

Full Legal Name:		
Business Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	

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PART 3A. BUSINESS OWNERSHIP INFORMATION

IDENTITY OF APPLICANT	
Full Legal Name:	FEIN/SSN:
<p>If Applicant is a corporation, list below the name and percentage of stock held by each stockholder owning 5% or more of the corporation.</p>	
STOCKHOLDERS	Percentage of Stock
<p>If Applicant is a Limited Liability Company (LLC), list below the name and percentage of ownership of each member owning 5% or more of the company.</p>	
MEMBERS	Percentage of Ownership
<p>If Applicant is a Partnership, list below the names of all partners.</p>	
PARTNERS	

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PART 3B. BUSINESS OWNERSHIP INFORMATION (continued)

INSTRUCTIONS:			
<p>If the Applicant is a sole proprietorship, the following information must be provided for the sole proprietor. If the Applicant is a partnership, the following information must be provided for every partner. If the Applicant is a corporation, the following information must be provided for every stockholder, controller, director and officer. If the Applicant is an LLC, the following information must be provided for every member, controller, and manager (if manager-managed) of the Applicant. Additionally, regardless of business type, the following information must be provided for every manager, employee, and agent of the applicant who does not hold a valid operator's or dispatcher's employment permit from the Illinois Commerce Commission as of the date of the application. The information will be used to assist the Commission in its consideration of each individual's criminal history record pursuant to 92 Ill. Adm. Code 1710.22(a)(1). Use additional copies of this page as necessary.</p>			
Full Legal Name:			
Address:			
City:	State:	Zip Code:	
Telephone Number (home) :		Telephone Number (other) :	
IL Driver's License Number:		SSN:	Date of Birth:
Race:	Gender:	Height:	Weight:
Full Legal Name:			
Address:			
City:	State:	Zip Code:	
Telephone Number (home):		Telephone Number (other):	
IL Driver's License Number:		SSN:	Date of Birth:
Race:	Gender:	Height:	Weight:
Full Legal Name:			
Address:			
City:	State:	Zip Code:	
Telephone Number (home):		Telephone Number (other):	
IL Driver's License Number:		SSN:	Date of Birth:
Race:	Gender:	Height:	Weight:

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PART 3C. BUSINESS OWNERSHIP INFORMATION (continued)

<p>Have any individuals listed in Part 3B above been convicted of any crime that is not a minor traffic violation?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES</p> <p>If you answered "yes" to this question, you must complete the remainder of this Part.</p>		
<p>INSTRUCTIONS:</p> <p>List below those criminal offenses for which the sole proprietor or every partner, stockholder, or member of the Applicant listed in Part 3B has been convicted. <u>Complete a block for each separate offense.</u> Exclude convictions for minor traffic violations. Use additional copies of this page as necessary.</p>		
Name:		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at time of arrest:	Age at time of this application:
Sentencing Court:		
Sentence or Penalty Imposed :		Did you plead "Guilty"? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently under any supervision by a court or department of corrections for this offense? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered "yes" to this question, identify the supervising agency:		
Name:		
Offense Description:		
Arresting Agency:		
Approximate Date of Arrest:	Age at time of arrest:	Age at time of this application:
Sentencing Court:		
Sentence or Penalty Imposed:		Did you plead "Guilty"? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently under any supervision by a court or department of corrections for this offense? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered "yes" to this question, identify the supervising agency:		

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PART 4. APPLICANT'S EQUIPMENT AND FACILITIES

INSTRUCTIONS:

Identify by physical address all locations to be used by the Applicant in operating any aspect of its relocation towing operations. For each location, provide evidence of the Applicant's ownership of the property or a copy of a valid lease with a term of at least one year. Use additional copies of this page as necessary.

Address:		<input type="checkbox"/> Owned <input type="checkbox"/> Leased
City:	State:	Zip Code:
Telephone Number:	County:	<input type="checkbox"/> Primary location <input type="checkbox"/> Secondary storage lot
Approximate capacity in number of cars:	Is this lot secured by fence and a locking gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this lot equipped with lighting for night operations? <input type="checkbox"/> Yes <input type="checkbox"/> No

Address:		<input type="checkbox"/> Owned <input type="checkbox"/> Leased
City:	State:	Zip Code:
Telephone Number:	County:	<input type="checkbox"/> Primary location <input type="checkbox"/> Secondary storage lot
Approximate capacity in number of cars:	Is this lot secured by fence and a locking gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this lot equipped with lighting for night operations? <input type="checkbox"/> Yes <input type="checkbox"/> No

INSTRUCTIONS:

List all vehicles the Applicant intends to operate under its rellocator's license. Provide a copy of all Illinois Secretary of State vehicle registrations. Use additional copies of this page as necessary.

Year:	Make:	Model:	Plate Number:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety tested by IDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Self-loader <input type="checkbox"/> Flatbed <input type="checkbox"/> Heavy duty <input type="checkbox"/> Light duty <input type="checkbox"/> Owned <input type="checkbox"/> Medium duty <input type="checkbox"/> Leased

Year:	Make:	Model:	Plate Number:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety tested by IDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Self-loader <input type="checkbox"/> Flatbed <input type="checkbox"/> Heavy duty <input type="checkbox"/> Light duty <input type="checkbox"/> Owned <input type="checkbox"/> Medium duty <input type="checkbox"/> Leased

Year:	Make:	Model:	Plate Number:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety tested by IDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Self-loader <input type="checkbox"/> Flatbed <input type="checkbox"/> Heavy duty <input type="checkbox"/> Light duty <input type="checkbox"/> Owned <input type="checkbox"/> Medium duty <input type="checkbox"/> Leased

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Year:	Make:	Model:	Plate Number:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety tested by IDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Self-loader <input type="checkbox"/> Flatbed <input type="checkbox"/> Heavy duty <input type="checkbox"/> Light duty <input type="checkbox"/> Owned <input type="checkbox"/> Medium duty <input type="checkbox"/> Leased

Year:	Make:	Model:	Plate Number:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety tested by IDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Self-loader <input type="checkbox"/> Flatbed <input type="checkbox"/> Heavy duty <input type="checkbox"/> Light duty <input type="checkbox"/> Owned <input type="checkbox"/> Medium duty <input type="checkbox"/> Leased

Year:	Make:	Model:	Plate Number:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety tested by IDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Self-loader <input type="checkbox"/> Flatbed <input type="checkbox"/> Heavy duty <input type="checkbox"/> Light duty <input type="checkbox"/> Owned <input type="checkbox"/> Medium duty <input type="checkbox"/> Leased

Year:	Make:	Model:	Plate Number:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety tested by IDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Self-loader <input type="checkbox"/> Flatbed <input type="checkbox"/> Heavy duty <input type="checkbox"/> Light duty <input type="checkbox"/> Owned <input type="checkbox"/> Medium duty <input type="checkbox"/> Leased

Year:	Make:	Model:	Plate Number:	VIN:
Has this truck been involved in a traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety tested by IDOT? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Self-loader <input type="checkbox"/> Flatbed <input type="checkbox"/> Heavy duty <input type="checkbox"/> Light duty <input type="checkbox"/> Owned <input type="checkbox"/> Medium duty <input type="checkbox"/> Leased

Does Applicant intend to conduct drive-away relocation of medium or heavy duty vehicles? Yes No

If yes, submit the following: 1) verification of extended insurance coverage on letterhead of the insurance agency including: an authorized signature, the policy number, and the effective dates of the insurance coverage; and 2) a copy of the extended coverage insurance policy.

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PART 5. DISCLOSURES

DISCLOSURE REQUIREMENTS:

Mark the appropriate box and, where appropriate, provide complete details for each question. If any space below is insufficient, write "see attached sheet" in the space and attach a plain, white 8 1/2" x 11" sheet that identifies the question and contains the portion of your answer that could not fit on the form. Failure to complete this portion in full will result in the rejection of the application.

YES NO

- Has Applicant obtained a copy of the Illinois Commercial Relocation of Trespassing Vehicles Law and Commission Rules regulating commercial vehicle relocators?

- Does Applicant agree to comply with all the requirements contained in the Illinois Commercial Relocation of Trespassing Vehicles Law and the Commission's Rules and Regulations governing relocation towing operations?

- Does Applicant currently owe any governmental entity any fee, fine, or tax? If you answered "yes" to this question: (1) describe the nature of the fees, fines, or taxes owed on a separate page; (2) attach a copy of an agreement to pay the delinquent monies entered into between the Applicant and the governmental entity; and (3) attach a certification from the governmental entity that the agreement is not in default.

- Does Applicant owe the State of Illinois any registration fee or tax due for the privilege of operating any motor vehicle upon the public highways in the State of Illinois? If you answered "yes" to this question: (1) describe the nature of the fees or taxes owed on a separate page; (2) attach a copy of an agreement to pay the delinquent monies entered into between the Applicant and the Illinois Attorney General; and (3) attach a certification from the Illinois Attorney general that the agreement is not in default.

- Has Applicant ever held or applied for a Commercial Vehicle Relocator's License? If you answered "yes" to this question, provide the following information.

Docket Number:
Disposition of prior filing:

- Is Applicant now, or has the Applicant been, the subject of a civil penalty action by the Commission? If you answered "yes" to this question, provide the following information. Attach additional pages if necessary.

NAVOS or Investigation Number (s) :
Nature of violations :

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PART 6. FINANCIAL STATEMENT

INSTRUCTIONS:

Provide an accurate balance sheet of the Applicant as of the date of the application. Where a line item does not apply to the Applicant, use the number 0. Current liabilities should be expressed in terms of annual expenses. A professionally prepared financial statement or profit and loss report may be substituted for this form if it contains information substantially similar to that requested by the Commission and is certified by an appropriately licensed accountant or accounting firm.

Applicant must submit a current bank statement (the account number may be removed) supporting the Cash line item. The Applicant may be asked to provide additional documentation that supports the Applicant's disclosures including, but not limited to, tax returns. Total assets must equal total liabilities and equity.

BALANCE SHEET AT DATE OF APPLICATION

LIABILITIES and EQUITY		ASSETS	
Current liabilities (due within one year)		Current assets	
Salaries:		Cash	\$
Salaries & Wages – Owner(s)	\$	Accounts Receivable - Towing	\$
Salaries & Wages – Clerical staff	\$	Accounts Receivable – Non-Towing	\$
Salaries & Wages – Drivers	\$	Notes Receivable	\$
Salaries & Wages – Other labor	\$	Prepayments	\$
Payroll Taxes (FICA, Federal, State)	\$	Other current assets (describe):	\$
Operations:		Fixed and other assets	
Rent or Mortgage: Buildings / Land	\$	Market Value: Buildings / Land	\$
Vehicle maintenance (oil, lubricants, coolants, tires, etc.)	\$	Market Value: Tow Vehicles (listed in Part 4)	\$
Fuel for Towing Vehicles	\$	Market Value: Other tow vehicles	\$
Vehicle registration fees	\$	Market Value: Other equipment	\$
Regulatory / License fees	\$	Other fixed assets (describe):	\$
Insurance:			
Public Liability & Property Damage	\$		
Workers' Compensation Insurance	\$		
Insurance on Buildings/Structures	\$		
Other Insurance (describe):	\$		
General:			
Accounts payable: Utilities (electricity, gas, water, telephones)	\$		
Property taxes	\$		
Income taxes	\$		
Other (describe):	\$		
Long-term liabilities (due more than one year)			
Unpaid Mortgage: Buildings / Land	\$		
Debt on Tow Vehicles (listed in Part 4)	\$		
Debt on other tow vehicles	\$		
Debt on other equipment	\$		
Other long-term liabilities (describe):	\$		
Owner's Equity			
Sole proprietorship / Partnership:			
Capital	\$		
Corporation / LLC:			
Outstanding Capital Stock / Shares	\$		
Retained Earnings	\$		
TOTAL LIABILITIES & EQUITY	\$	TOTAL ASSETS	\$

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PART 7. VERIFICATION

The undersigned principal(s) of the Applicant certify that all information presented in this application for a Commercial Vehicle Relocator's License is true, correct, and complete, and that copies of any documents presented to the Commission as part of this application are genuine. This certification is made under oath and under penalty of perjury and it is understood that knowingly making a false statement on this application will result in the denial of this application.

If the person verifying the application is someone not previously identified as having an ownership interest in the Applicant, proof of the individual's authority to sign on behalf of the Applicant must be submitted at the time of filing. Use additional copies of this page as necessary.

SIGNATURES		
Name (Printed):	Signature:	Date:

STATE OF ILLINOIS)
)
 COUNTY OF _____) SS

Subscribed and sworn to before me, a Notary Public, in and for the State of Illinois and the above-named county, this _____ day of _____, 20_____.

 Notary Public

(SEAL)

My Commission expires _____.

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Illinois Commerce Commission Fingerprinting Form

Please provide the following information (please print clearly).

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security Number: _____

Place of Birth (State or Country if outside U.S.A.): _____



To be completed by the Illinois Commerce Commission:

ORI _____
ILCC Permit/License # _____

- This form must be completed and filed with the application at the Illinois Commerce Commission.
- The form will be returned to you with an ORI and ILCC permit or license number.
- Bring the form and a valid, government issued picture ID (such as a drivers license, state ID or passport) to the closest fingerprinting facility.
- Check the website, www.biometricimpressions.com for the closest fingerprinting location. No appointments are necessary. For more information, contact: BioMetric Impressions Corp., 188 W. Industrial Dr., Suite 214B, Elmhurst, IL 60126, phone (630)532-5922.
- Upon completion of the fingerprinting service you will be given a computer-generated receipt.
- Your results will be sent directly from the Illinois State Police and FBI to the Illinois Commerce Commission Police Department.

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

F.P. Technician _____

Date Printed _____

TCN # _____

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AUTHORIZATION TO CONDUCT A CRIMINAL BACKGROUND CHECK AND OBTAIN INFORMATION

Full Legal Name:

I, _____, authorize the Illinois Commerce Commission to conduct a criminal history records check and obtain information concerning any criminal charges and their dispositions relative to my fitness under the Illinois Commercial Relocation of Trespassing Vehicles Law, 625 ILCS 5/18a-100*et seq* .

Signature: _____

Date: _____



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CHECKLIST OF REQUIRED SUPPORTING DOCUMENTS

INSTRUCTIONS:
Utilize this checklist when compiling the supporting documents required for this application. <u>Failure to provide required documents will result in the rejection of your application.</u>
BUSINESS DOCUMENTATION
SOLE PROPRIETORSHIP <input type="checkbox"/> Assumed Business Name Certificate of Publication (if applicable)
DOMESTIC CORPORATIONS (ILLINOIS) <input type="checkbox"/> Articles of Incorporation (if less than 1 yr old) <input type="checkbox"/> Certificate of Good Standing (if more than 1 yr old) FOREIGN CORPORATIONS (NON-ILLINOIS) <input type="checkbox"/> Authorization to do Business in Illinois as a Foreign Corporation
DOMESTIC LIMITED LIABILITY COMPANY (LLC) (ILLINOIS) <input type="checkbox"/> Articles of Organization (if less than 1 year old) <input type="checkbox"/> Certificate of Good Standing (if more than 1 year old) FOREIGN LIMITED LIABILITY COMPANY (LLC) (NON-ILLINOIS) <input type="checkbox"/> Authorization to do Business in Illinois as a Foreign LLC
GENERAL PARTNERSHIP <input type="checkbox"/> Partnership agreement <input type="checkbox"/> Assumed Business Name Certificate of Publication (if applicable)
DOMESTIC LIMITED PARTNERSHIP (LP) (ILLINOIS) <input type="checkbox"/> Certificate of Limited Partnership (if less than 1 year old) <input type="checkbox"/> Certificate of Existence (if more than 1 year old) FOREIGN LIMITED PARTNERSHIP (LP) (NON-ILLINOIS) <input type="checkbox"/> Authorization to do Business in Illinois as a Foreign LP
DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP) (ILLINOIS) <input type="checkbox"/> Statement of Qualification (if less than 1 year old) <input type="checkbox"/> Certificate of Existence (if more than 1 year old) FOREIGN LIMITED LIABILITY PARTNERSHIP (LLP) (NON-ILLINOIS) <input type="checkbox"/> Authorization to do Business in Illinois as a Foreign LLP
DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP (LLL) (ILLINOIS) <input type="checkbox"/> Certificate of Limited Partnership (if less than 1 year old) <input type="checkbox"/> Certificate of Existence (if more than 1 year old) FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP (LLL) (NON-ILLINOIS) <input type="checkbox"/> Authorization to do Business in Illinois as a Foreign LLC
FACILITIES AND EQUIPMENT
<input type="checkbox"/> Proof of ownership for all facilities listed in Part 4 marked "owned" <input type="checkbox"/> Valid, written lease for all facilities listed in Part 4 marked "leased" <input type="checkbox"/> Illinois Secretary of State vehicle registrations for all vehicles listed in Part 4 <input type="checkbox"/> Verification of drive-away extended insurance coverage (if applicable) <input type="checkbox"/> Copy of drive away extended insurance policy (if applicable)
DISCLOSURES
<input type="checkbox"/> Supplemental documents – fees, fines, or taxes owed to any governmental entity (if applicable) <input type="checkbox"/> Supplemental documents – motor vehicle fees or taxes owed to the State of Illinois (if applicable)
FINANCIAL STATEMENT
<input type="checkbox"/> Bank Statement <input type="checkbox"/> Professionally prepared financial statement or profit and loss report (if applicable)
AFFIDAVIT & VERIFICATION
<input type="checkbox"/> Signatory authority (if required)
FINGERPRINTING
<input type="checkbox"/> Fingerprinting Form must be completed for each individual listed in Part 3B. <input type="checkbox"/> Authorization to Conduct a Criminal Background Check and Obtain Information must be completed for each individual listed in Part 3B.