

**AFFIDAVIT FOR TERMINATION OF SUSPENSION IMPOSED UNDER
SECTION 7-211, ILLINOIS SAFETY RESPONSIBILITY LAW**

**STATE OF ILLINOIS
OFFICE OF SECRETARY OF STATE
SAFETY RESPONSIBILITY SECTION
SPRINGFIELD, ILLINOIS 62723**

State of _____ }
County of _____ } ss:

Accident No. _____
Dr. License No. _____

_____, being duly sworn, depose:

- (1) (I) / (We) reside at _____, in
the town or city of _____,
County of _____, State
of _____, Zip Code _____;
- (2) On _____, 19____, (I was) / (we were) involved in
an accident in or near _____, Illinois,
as a result of which (I) / (we) became subject to the Illinois Safety Responsibility Law; and
- (3) That two years have elapsed since the date of suspension, no suit for claims for damages
and/or personal injuries has been instituted and is now pending nor does any judgment
rendered remain unsatisfied.

(Sign on applicable line)

(Signature of Operator)

(Signature of Owner)

Sworn to before me this

_____ day of _____, 19____

(Name of Officer)

(Title of Officer)

My Commission expires: _____