

Prior to using said form the provider must first obtain a DSPR license # and instructions how to complete said form at the following link: <http://www.dhs.state.il.us/page.aspx?item=68564>.

State of Illinois
Department of Human Services

**DUI Risk Education
Certificate of Completion**

Offender Information

Name:

Home Address:

County of Arrest:

IL Driver's License Number or State ID:

Other Valid Drivers's License Number/State:

Risk Education Verification

Did the DUI offender complete a total of at least 10 hours of alcohol and drug education?

Test Scores - Pre-test Score: Post-test Score:

Please specify the dates the offender attended risk education.

Licensed Site Certification

Name:

Address:

Phone Number:

License Number:

Instructor Name:

Under penalty of perjury, I affirm that the offender listed above has successfully completed DUI risk education and that all the information specified on this form is true and correct.

Signature: _____ Date: _____