

# BAIID QUESTIONNAIRE



Office of the  
Secretary of State  
DEPARTMENT OF  
ADMINISTRATIVE HEARINGS

Rm. 212 Howlett Bldg. 17 N. State, Ste. 1200  
501 S. 2nd St. Chicago, IL 60602  
Springfield, IL 62756

[ilsos.gov](http://ilsos.gov)

## YOU MUST ANSWER THESE QUESTIONS:

1. What type of permit (s) are you requesting?  
 Employment  Medical  Support  Educational  Family Education  Day Care  BMO  Probationary
2. List the vehicle(s) (make, model, year) in which you will install the BAIID. Circle the vehicle(s) that you own.
3. How many other drivers are in your household? Give names, ages and relationships.
4. Do you take any prescription medications? If so, please list:

## YOU MUST ANSWER THESE QUESTIONS IF YOU ARE REQUESTING A WORK PERMIT TO DRIVE A PERSONAL VEHICLE:

5. What is your specific occupation?
6. Are you requesting a permit to drive a **personal vehicle**:  
to and from work?  Yes  No  
on the job?  Yes  No

If yes, identify the vehicle by make, model, year.

## YOU MUST ANSWER THESE QUESTIONS IF YOU ARE REQUESTING A WORK PERMIT TO DRIVE A WORK VEHICLE:

7. Are you requesting a permit to drive a **work vehicle**:  
to and from work?  Yes  No  
on the job?  Yes  No
8. Are you allowed to take one of these work vehicles home?  Yes  No
9. Are you allowed to use the work vehicle for personal use?  Yes  No
10. Is there any other information about your employment situation that you believe is important in determining your specific driving needs?

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this Affidavit are true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Petitioner's Name (print) Driver's License # \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

Telephone Number ( \_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_  
Home Work