COMPANY/DISTRICT TRANSPORTATION DEPARTMENT
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(COMPANY / DISTRICT ADDRESS)

(COMPANY / DISTRICT PHONE NUMBER)

(COMPANY / DISTRICT EMAIL)

LETTER OF INTENT

(Check all the applicable boxes below.)

I am giving	permission to take all the needed written exams
for the purpose of training to obtain a SEC	OND DIVISION Illinois School Bus Driver Permit and his is for a Commercial Learner's Permit (CLP) for a chool Bus and Passenger endorsements.
 Class C – CDL Class B - CDL Air Brake Endorsement 	
purpose of training to obtain a FIRST DIVIS	permission to take the written exam for the SION Illinois School Bus Driver Permit and prepare for instruction permit for a First Division Permit only.
I am giving	permission to take the driving/skills exams for ol Bus Driver Permit.
(NAME)	(DATE)
(TITLE)	
(SCHOOL DISTRICT / TRANSPORTATION COMPANY)	

(SOS ASSIGNED EMPLOYER # XXXXXXX)