

Administrative Procedures 12 – Travel Guide – Schedule B

**CERTIFICATION OF DRIVER’S LICENSE AND
AUTOMOTIVE LIABILITY COVERAGE for FY _____**

I, _____, as an employee of the Department of Children and Family Services or of any person or entity performing duties on behalf of the Department, do hereby certify that I have been duly licensed to drive an automobile by the Illinois Secretary of State or by the State of _____, and that I have in effect and will maintain automobile liability coverage on my personal vehicle in the form of insurance, or a bond filed with the Illinois Secretary of State or any bond acceptable to the Illinois Secretary of State as proof of financial responsibility, in an amount equal to, or in excess of the following:

- Not less than \$20,000 because of bodily injury to or death of any person in any one motor vehicle accident.
- Not less than \$40,000 because of bodily injury to or death of two or more persons in any one motor vehicle accident.
- Not less than \$15,000 because of injury to or destruction of property of others in any one motor vehicle accident.

I further agree to notify my supervisor in the event my Driver’s License is revoked, suspended, or if I fail to have in effect, automobile liability coverage as stated above.

Signature Date

I, _____, am **unwilling or unable** to certify that I am a duly licensed driver or that I have automobile liability coverage in an amount equal to or in excess of the amounts listed above. I acknowledge that I am not authorized to drive any vehicle on official State business, nor receive any reimbursement for such use. I agree to notify my supervisor that I have not certified I am a duly licensed driver or have in effect the minimum amounts of automobile liability coverage as listed above.

Signature Date

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**INSTRUCTIONS FOR CERTIFICATION OF DRIVER’S LICENSE AND
AUTOMOTIVE COVERAGE**

All employees who travel for the Department and incur mileage charges must complete the Certification of Auto Liability Coverage on the reverse side. The Travel Regulation Council Rule Section 3000.300(f)(1), “Employees using private vehicles while on State business must have insurance coverage in an amount not less than required by Section 10-10(b) of The Vehicle Code.”

The business office to which you submit your travel vouchers shall maintain the attached Certification of Driver’s License and Automotive Coverage form. **If there are any changes during the fiscal year you must submit a revised form. If you do not have a current Certification of License and Automotive Coverage on file your travel vouchers will not be processed. Please complete the form and return to addresses below before June 15, each fiscal year.**

MAILING ADDRESSES OF REGIONAL OFFICES

Cook Region	1911 S. Indiana	Chicago, 60616
Northern Region	8 E. Galena Blvd.	Aurora, 60506
Central Region	5415 N. University Ave.	Peoria, 61614
Southern Region	10 Collinsville Ave	E. St. Louis, 62201
Training	406 E. Monroe (Station # 122)	Springfield, 62701
OITS	406 E. Monroe (Station #457)	Springfield, 62701
Central Office	406 E. Monroe (Station #457)	Springfield, 62701