



City of Chicago
Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden Ave., First Floor · Chicago, IL 60608
312-746-4200 · BACPPV@CITYOFCHICAGO.ORG · CHICAGO.GOV/BACP

LOST LICENSE AFFIDAVIT v.d. 8.4.2020

Today's Date: CS# License Type:

Chauffeur Name:

PLEASE PRINT

Date of Loss: Time: AM or PM

Location of loss: (address, city and state)

Provide a detailed explanation of how this loss occurred:

A POLICE REPORT REGARDING THE LOSS OF THIS LICENSE MUST BE ATTACHED TO THIS AFFIDAVIT.

I, the undersigned, hereby report the loss of the City of Chicago public chauffeur license issued to me under the name and number listed below. I understand that any misstatements of fact made on this affidavit will be considered an aggravated offense and shall be cause for fines, suspension and/or revocation of my chauffeur license and any other licenses issued to me by the City of Chicago.

I understand that if my original chauffeur license is subsequently found or returned to me, I must immediately surrender my original chauffeur license to the Department of Business Affairs and Consumer Protection, Public Vehicle Operation Division at the address listed above.

Chauffeur's Signature: