



(SEE INSTRUCTIONS ON BACK)

NAME OF APPLICANT ON DRIVER'S LICENSE (Last, First, Middle Initial)				DRIVER'S LICENSE OR ID CARD NUMBER (If known)		DATE OF BIRTH	
STREET ADDRESS WHERE LICENSE IS TO BE MAILED				EYE COLOR	GENDER		HEIGHT
CITY	STATE	COUNTRY	ZIP/POSTAL CODE	CLASS (If known)	ENDORSEMENTS (If known)	RESTRICTIONS (If known)	

SECTION A

STATE THE REASON YOU CANNOT APPEAR AT DMV IN PERSON

OUT-OF-STATE
 OUT-OF-COUNTRY
 INCARCERATED/INMATE NUMBER: _____
 MILITARY (Complete Section E on back of form)

OTHER (Explain): _____

APPLICATION FOR: <input type="checkbox"/> DUPLICATE LICENSE (\$30.00) <input type="checkbox"/> RENEWAL OF NON-DRIVER ID (\$22.50) <input type="checkbox"/> DUPLICATE NON-DRIVER IDENTIFICATION CARD (\$30.00) <input type="checkbox"/> RENEWAL OF DRIVER LICENSE (\$72.00 for 6 year renewal or \$24.00 for 2 year renewal. A 2 year renewal is only available for operators 65 years or older.) <input type="checkbox"/> DUPLICATE LEARNER PERMIT (\$19.00)	REASON FOR DUPLICATE: <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DESTROYED
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DRIVER LICENSE RENEWALS ONLY: IF YOU ARE RENEWING YOUR DRIVERS LICENSE THIS FORM MUST BE RECEIVED BY THE DMV PRIOR TO YOUR EXPIRATION DATE.

AN ADDITIONAL LATE FEE OF \$25 WILL APPLY IF YOUR RENEWAL IS RECEIVED BY DMV AFTER YOUR EXPIRATION DATE.

CONNECTICUT RESIDENT ADDRESS (Number, Street, City or Town, State, Zip Code) **MILITARY:** Connecticut address at time of induction

CONNECTICUT MAILING ADDRESS (If different from Connecticut resident address)

E-MAIL ADDRESS	MAY WE CONTACT YOU VIA E-MAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER YOU CAN BE REACHED AT (If available)	FAX NUMBER (If available)
SHOULD DMV CHANGE THE CURRENT MAILING ADDRESS TO THE ADDRESS WHERE THE LICENSE IS TO BE MAILED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU WANT TO BE IN THE ORGAN/TISSUE DONOR REGISTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOU ARE AGREEING TO BE A DONOR AND THE DESIGNATION WILL BE ON YOUR LICENSE.	

SECTION B - CERTIFICATION FOR DRIVER'S LICENSES AND IDENTIFICATION CARDS

The information provided to the Commissioner of Motor Vehicles on this form is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement that I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above referenced laws. **Additional Certification for Driver's License:** I also swear or affirm, under penalty of false statement, that my driver's license or driving privilege is not suspended, revoked or withdrawn, and that I do not have any health problems or conditions that prevent me from driving safely.

APPLICANT'S SIGNATURE **X** _____ DATE _____

SECTION C - FEES

Circle applicable fees and determine correct amount

TRANSACTION TYPE	FEE
Duplicate License (military personnel are not exempt from duplicate fees)	\$30.00
Duplicate Non-Driver Identification Card (military personnel are not exempt from duplicate fees)	\$30.00
Duplicate Learner Permit	\$19.00
Renewal of Non-Driver ID	\$22.50
Renewal of 6 year driver license	\$72.00
Renewal of a 2 year driver license (only available for operators 65 years or older)	\$24.00
Late fee for renewal of driver license (You must apply a late fee if your application will be RECEIVED by DMV after its expiration date. Failure to include the late fee will delay the processing of your application).	\$25.00
TOTAL ENCLOSED	\$ _____

SECTION D - VOTER REGISTRATION APPLICATION

TO APPLY TO REGISTER TO VOTE YOU MUST BE: A United States citizen; at least 18 years of age (by election day); and a resident of Connecticut and the city or town where you are applying to register to vote.

Are you a citizen of the United States of America? YES NO

Will you be 18 years of age on or before election day? YES NO

If you checked "NO" in response to either of these questions, do NOT complete below this line as you cannot register to vote.

Do you wish to enroll in a political party?

YES **NAME OF PARTY:** DEMOCRATIC REPUBLICAN

OTHER: _____

NO **I DO NOT WISH TO ENROLL IN A PARTY AT THIS TIME AND WILL BE REGISTERED AS UNAFFILIATED**

Note: Declaring a party enables you to vote in the party's primary election, which is open only to party members. You may later choose to switch enrollment to or from a political party.

LEAVING THIS SECTION BLANK WILL AUTOMATICALLY RESULT IN SELECTING UNAFFILIATED

VOTER DECLARATION:

- I swear or affirm under penalty of perjury that:
 - * I am a U.S. Citizen
 - * I live in Connecticut at the address shown above
 - * I am at least 17 years old
 - * I have not been convicted of a disfranchising felony, or if so, I am eligible to register to vote

SIGNATURE OF APPLICANT** _____ TODAY'S DATE _____

****Voter registrations without signatures will not be processed.**

The information that I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.

By signing this application form, you agree to allow the signature from your license record to be used as the signature on your voter registration record.

PAYMENT ENCLOSED (Check or money order)

CREDIT CARD PAYMENT (Please call (860)263-5401 24 hours after emailing/faxing the form to provide credit card number)

INSTRUCTIONS:

NOTE: Out of State/Country Applicants: You **MUST** provide an out of state/country address, if you do not provide an out of state/country address your application **cannot** be processed by mail and you must appear at your local branch office. Your Connecticut license/identification will be sent to the out of state/country address provided via regular mail unless a prepaid overnight mailer is included with your request.

1. Only legal residents of Connecticut with a VALID CT license/identification card who meet the following criteria may use this application: a) must be temporarily located out of state/out of country b) currently incarcerated c) currently suffering from an incapacitating medical condition, which does not allow you to appear in person for your duplicate/renewal. (See number 5 for additional requirements)
2. Complete section A entirely. Type or print clearly. Sign the certification in section B.
3. Complete Section D if you want to apply to register to vote in CT. To register, you must be a U.S. citizen and at least 18 years old before the next election. You are not a voter until your application is approved by the registrar of voters in your CT town of residence. If you do not receive an acceptance or rejection within three weeks, contact the registrar of voters.
4. Military: If recently honorably discharged or an active member of the armed services of the United States, Section E (below) must be completed if requesting a no fee renewal. A fee exemption is not given for duplicate licenses or identification cards.
5. Medical Condition: If request is due to a incapacitating medical condition this application must be submitted with the Request to renew or obtain duplicate by mail due to medical conditions (CI-1) form.
6. Mail completed application, a self-addressed, stamped envelope (first class if mailed in US/\$1.10 if mailed outside US) and payment (fees are listed in section C) to: DMV Mail-In License Transaction Unit, 60 State Street, Wethersfield, CT 06109. (Make checks or money orders payable to "DMV" - All funds must be in United States dollars drawn from a United States bank).

A. Email (DMV.CIU@ct.gov) or Fax (860)263-5591 a completed Request for a Connecticut Driver's License/Identification Card by Mail (B-350) and CI-1 (if applicable).

B. After one business day contact the Mail-In License Transaction Unit at (860)263-5401 during the following business hours: Monday through Friday 8:30am - 3:00pm (closed on all observed state holidays).

C. The staff in the Centralized Issuance Unit will obtain the credit card information needed to process your transaction.

The following transactions cannot be renewed through the mail: A renewal of a commercial driver license (CDL) or public service license or a change of name. These transactions must be processed in person at a full-service DMV.

Effective October 3, 2011 the Mail-In License Transaction Unit will not be issuing "VERIFIED" licenses or identification cards through the mail unless they have been previously verified by the Department of Motor Vehicles.

If a duplicate license/identification card is requested and it has not been verified you will be issued a "Legacy" license/identification card.

If a renewal of an license/identification card is requested and it has not been verified you will be issued a license/identification card that is marked "NOT FOR FEDERAL IDENTIFICATION."

CURRENT VERIFIED LICENSE HOLDERS ONLY: In order to maintain your verified license status you must appear in person every other license/identification card renewal (6 CFR 37.25).

ACTIVE MILITARY PERSONNEL ONLY SECTION E

Connecticut General Statutes, Section 14-50(c). The Commissioner of Motor Vehicles shall waive the operator's license fee and examination fee in the case of any person in the active service of the armed forces of the United States who was a legal resident of Connecticut at the time of his induction; and for one licensing period to any person honorably separated from service who applies therefore within two years following the date of separation and was a legal resident of Connecticut at the time of his induction.

I AM ENTITLED TO A WAIVER BECAUSE OF (Check One)	<input type="checkbox"/> Present Active Service in U.S. Armed Forces <input checked="" type="checkbox"/> Honorably Separated From Active Service <small>(If checked, fill in date of separation and submit copy of separation papers -DD214)</small>	DATE OF INDUCTION	DATE OF SEPARATION
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RANK	BRANCH OF SERVICE
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NAME AND MAILING ADDRESS OF ARMED FORCES UNIT

I certify that I was a legal resident of the state of Connecticut at the time of my induction and that all information provided in this application is correct.	SIGNATURE OF APPLICANT X
I certify under penalty of false statement in accordance with provision of Section 14-110 and 53a-157b of the Connecticut General Statutes that the above named applicant is in the active service of the U.S. Armed Forces. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above referenced laws.	SIGNATURE OF COMMISSIONED OFFICER IN CHARGE (If Active) X