

**VOLUNTARY SURRENDER OR DOWNGRADE  
OF OPERATOR LICENSE**  
P-147 REV. 6-11



STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
On The Web at [ct.gov/dmv](http://ct.gov/dmv)

**INSTRUCTIONS:**

- Complete the appropriate sections below
- Submit operator license and this form to a DMV branch office

NAME: (Last)	(First)	(Middle)	DATE OF BIRTH	OPERATOR LICENSE NUMBER
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ADDRESS: \_\_\_\_\_

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**VOLUNTARY SURRENDER OF LICENSE**

I am voluntarily surrendering my operator license for the following reason:

- Insurance Reasons
- Medical Reasons (If the license is submitted for medical reasons per CGS 1-1h(a) applicant may obtain a non-driver identification card at no charge)
- Other (Please explain)

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**VOLUNTARY DOWNGRADE OF LICENSE**

I am requesting a downgrade of my operator license for the following reason:

**Downgrade from CDL to Lower class CDL or Non-CDL**

From: Class \_\_\_\_\_ Endorsement/Restrictions \_\_\_\_\_

To: Class \_\_\_\_\_ Endorsement/Restrictions \_\_\_\_\_

Reason: \_\_\_\_\_

Operator may return to previous classification within two years of date of downgrade or license expiration date, whichever is soon, without penalty.

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**Drop Public Passenger Endorsement:**

From: Class \_\_\_\_\_ Endorsement/Restrictions \_\_\_\_\_

To: Class \_\_\_\_\_ Endorsement/Restrictions \_\_\_\_\_

Reason: \_\_\_\_\_

Operator may return to previous classification within 60 days of date of downgrade or license expiration date, whichever is soon, without penalty.

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SIGNATURE OF OPERATOR

DATE:

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DMV EXAMINER:

CLOCK NUMBER

DATE:

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