

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

Request for Administrative Review

I, the undersigned, request that the Department of Motor Vehicles conduct an administrative review concerning my recent application for: (Check One).

- Motor Vehicle Registration
- Operator's License
- CDL Operators License
- Other _____
(Please indicate credential applied for)

Name and contact information: (Please print or type)

Full Name: _____

Address: _____

Telephone Number: () _____ Hours of contact: _____

E-Mail Address: _____

Reason for review: _____

Justification:

List documents submitted:

Date submitted: _____ Signature of applicant: _____

Please mail to: DMV- Attention: Branch Operations
60 State Street
Wethersfield, CT 06161

Or fax to: 860-263-5532