

**APPLICATION FOR WITHHOLDING
OF RESIDENT ADDRESS**
E-224 REV. 9-2013

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
REGISTRATION BUSINESS PROCESSING UNIT
On the web at: ct.gov/dmv



INSTRUCTIONS (NEW/CHANGE):

1. Complete this application and submit with a photocopy of your credential demonstrating your official status (example: copy of employee ID) and email or mail to address below.
2. You may only withhold home address on your license and on any vehicle/vessel you are the registered owner. Your business address will appear on license and DMV record.
3. DMV will email you a confirmation at your PERSONAL email when the change is made to your record. Make email legible.

DMV customer records such as address are protected from FOIA disclosure. This application is only for persons whose law enforcement related work makes them eligible to use a business address on their driver license under CGS 14-10(e).

INSTRUCTIONS (NO LONGER QUALIFY):

1. Complete this application with the exception of the "Supervisor's Certification". Email or mail to the address below.
2. DMV will email you a confirmation at your PERSONAL email when the change is made to your record. Make email legible.

MAIL TO: Centralized Issuance Unit/CA Unit, Department of Motor Vehicles, 60 State Street, Wethersfield, CT 06161-5001 OR EMAIL TO: DMV.CIU@ct.gov

TYPE OF APPLICATION	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> NO LONGER QUALIFY		
	IF APPLICATION CHANGE, SPECIFY THE NATURE OF THE CHANGE		
APPLICANT INFORMATION	NAME OF BUSINESS ORGANIZATION OR DEPARTMENT		APPLICANT'S DATE OF BIRTH
	NAME OF APPLICANT		BUSINESS TELEPHONE NO.
	BUSINESS ADDRESS (Number and Street)		APPLICANT'S OFFICIAL TITLE
	(City or Town)	(State)	(Zip Code)
	RESIDENT ADDRESS (Confidential) Number and Street City or Town		State Zip Code
	BUSINESS E-MAIL ADDRESS		PERSONAL E-MAIL ADDRESS
	OFFICIAL STATUS OF APPLICANT (You must check one below to qualify)		
<input type="checkbox"/> Federal Court Judge <input type="checkbox"/> Federal Court Magistrate <input type="checkbox"/> Judge of the Superior, Appellate or Supreme Court of Connecticut <input type="checkbox"/> Police Officer as defined in section 7-294 _____ Agency Name			
<input type="checkbox"/> Member of State Police, Department of Emergency Services & Public Protection <input type="checkbox"/> Department of Corrections Employee <input type="checkbox"/> Attorney who represents or has represented the state in criminal prosecution <input type="checkbox"/> Member or Employee of Board of Pardons and Parole <input type="checkbox"/> Judicial branch employee regularly engaged in court ordered enforcement or investigation activities. (e.g. Adult /Juvenile Probation Officer, Support Enforcement Officer, Family Relations Counselor, Victim Service Advocate) <input type="checkbox"/> Inspector employed by the Division of Criminal Justice <input type="checkbox"/> State Referee, as defined in Section 52-434 C.G.S. <input type="checkbox"/> Federal law enforcement officer who works and resides in Connecticut. <input type="checkbox"/> Lake Patrolman appointed pursuant to subsection (a) of Section 7-151(b) engaged in boating law enforcement			
SUPERVISOR'S CERTIFICATION	I certify, under penalty of false statement, that the above applicant qualifies for Withholding of Resident Address on DMV records per Section 14-10(e) of the Connecticut General Statutes and the applicant requires the added protection of such withholding as a direct result of the applicant's job duties. The information provided to the Commissioner of Motor Vehicles herein, is subscribed by me, the undersigned, under penalty of false statement, in accordance with provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand 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-cited laws.		
	NAME OF APPLICANT'S SUPERVISOR (Please print clearly)		TITLE OF SUPERVISOR
	SIGNATURE OF APPLICANT'S SUPERVISOR X	DATE SIGNED	SUPERVISOR'S PHONE NO.
REGISTRATION(S) IN NAME OF APPLICANT <i>(Do NOT include leased vehicles)</i>	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	REGISTRATION PLATE NUMBER
	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	REGISTRATION PLATE NUMBER
	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	VESSEL REGISTRATION NUMBER
I certify under penalty of false statement that the information furnished is true and accurate. I hereby request under subsection (e) of Section 14-10 of the Connecticut General Statutes that my resident address as given above be withheld from public inspection on all DMV records pertaining to my Connecticut operator's license and/or registration(s) specified. I will submit another application, if the information specified above changes, or if I no longer qualify for withholding of my resident address due to change in official status. The information provided to the Commissioner of Motor Vehicles herein, is subscribed by me, the undersigned, under penalty of false statement, in accordance with provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand 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-cited laws.			
APPLICANT'S SIGNATURE X		CT OPERATOR LICENSE NO.	EMPLOYEE OR BADGE NO.
		DATE SIGNED	
DMV USE ONLY	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		REVIEWED BY:
			DATE OP KEYED/KEYIST'S INITIALS
		DATE REG KEYED/KEYIST'S INITIALS	