



- INSTRUCTIONS:**
- (1) Please print or type.
  - (2) Retain a copy of this Application for your records.
  - (3) Use reverse of this form to record information regarding additional criminal actions.

NAME OF APPLICANT: (Last) (First) (MI)		TYPE OF APPLICATION: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> CHANGE		DATE OF APPLICATION:	
ADDRESS: (Street)		DESCRIBE CHANGE:		E-MAIL ADDRESS:	
TOWN/CITY/STATE/POSTAL CODE:		RESIDENCE TELEPHONE NO.:		BUSINESS TELEPHONE NO.:	
MAILING ADDRESS, IF DIFFERENT:		OPERATOR LICENSE NO.:		LICENSE EXPIRATION DATE:	
TOWN/CITY/STATE/POSTAL CODE:		DOB:	COMM. DRIV. SCH. INSTR. LIC. NO. & EXP. DATE:		
SCHOOL WHERE PARTICIPATED IN OPERATOR RETRAINING COURSE:		TITLE OF CLASS:			
STREET ADDRESS:		30 HOURS OF OPERATOR RETRAINING CLASSROOM INSTRUCTION REQUIRED FOR NEW INSTRUCTOR APPLICANTS:		START DATE:	ENDING DATE:
TOWN/CITY/STATE/POSTAL CODE:				PARTICIPATION IN ADDITIONAL PROGRAM OF OPERATOR RETRAINING INSTRUCTION OF 3 HOURS AS REQUIRED BIENNIALY FOR APPROVED INSTRUCTORS:	
<i>RECORD OF INSTRUCTOR APPLICANT'S CRIMINAL OFFENSE(S) (CONVICTIONS AND ARRESTS PENDING DISPOSITION)</i>					
DATE OF OFFENSE:		STATE WHERE OFFENSE OCCURRED:		STATE STATUTE/CODE NUMBER:	
TITLE OF OFFENSE:					
DISPOSITION OF OFFENSE:					
DATE OF OFFENSE:		STATE WHERE OFFENSE OCCURRED:		STATE STATUTE/CODE NUMBER:	
TITLE OF OFFENSE:					
DISPOSITION OF OFFENSE:					
DATE OF OFFENSE:		STATE WHERE OFFENSE OCCURRED:		STATE STATUTE/CODE NUMBER:	
TITLE OF OFFENSE:					
DISPOSITION OF OFFENSE:					
DATE OF OFFENSE:		STATE WHERE OFFENSE OCCURRED:		STATE STATUTE/CODE NUMBER:	
TITLE OF OFFENSE:					
DISPOSITION OF OFFENSE:					
<p><b>CERTIFICATION:</b> I CERTIFY THAT THE INFORMATION PROVIDED TO THE COMMISSIONER OF MOTOR VEHICLES HEREIN IS SUBSCRIBED BY ME, THE UNDERSIGNED, UNDER PENALTY OF FALSE STATEMENT, IN ACCORDANCE WITH THE PROVISIONS OF SECTION 14-110 AND SECTION 53-A-157B OF THE CONNECTICUT GENERAL STATUTES. 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-CITED LAWS.</p>					
APPLICANT'S PRINTED NAME			SIGNATURE:		DATE:
<p><b>CERTIFICATION:</b> I CERTIFY THE INFORMATION PROVIDED TO THE COMMISSIONER OF MOTOR VEHICLES HEREIN IS SUBSCRIBED BY ME, THE UNDERSIGNED, UNDER PENALTY OF FALSE STATEMENT, IN ACCORDANCE WITH THE PROVISIONS OF SECTION 14-110 AND SECTION 53-A-157B OF THE CONNECTICUT GENERAL STATUTES. 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-CITED LAWS.</p>					
PROVIDER'S PRINTED NAME:		SIGNATURE:		TITLE:	
				DATE:	
FOR OFFICE USE ONLY:	DMV STAFF:	ID. NO.:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	APPROVAL ISSUED:	APPROVAL EXPIRES:

NAME OF APPLICANT: (Last)		(First)	(MI)	RESIDENCE STREET ADDRESS:	TOWN/CITY/STATE/POSTAL CODE:
PROVIDER'S NAME:			PROVIDER'S BUSINESS STREET ADDRESS:	TOWN/CITY/STATE/POSTAL CODE:	
<i>RECORD OF INSTRUCTOR APPLICANT'S CRIMINAL OFFENSE(S): (CONVICTIONS AND ARRESTS PENDING DISPOSITION)</i>					
DATE OF OFFENSE:		STATE WHERE OFFENSE OCCURRED:		STATE STATUTE/CODE NUMBER:	
TITLE OF OFFENSE:					
DISPOSITION OF OFFENSE:					
DATE OF OFFENSE:		STATE WHERE OFFENSE OCCURRED:		STATE STATUTE/CODE NUMBER:	
TITLE OF OFFENSE:					
DISPOSITION OF OFFENSE:					
DATE OF OFFENSE:		STATE WHERE OFFENSE OCCURRED:		STATE STATUTE/CODE NUMBER:	
TITLE OF OFFENSE:					
DISPOSITION OF OFFENSE:					
DATE OF OFFENSE:		STATE WHERE OFFENSE OCCURRED:		STATE STATUTE/CODE NUMBER:	
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DISPOSITION OF OFFENSE:					
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TITLE OF OFFENSE:					
DISPOSITION OF OFFENSE:					
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PROVIDER'S PRINTED NAME:		SIGNATURE:		TITLE:	DATE:
FOR OFFICE USE ONLY:	DMV STAFF:	ID. NO.:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		APPROVAL ISSUED:
					APPROVAL EXPIRES: