

**DEPARTMENT OF TRANSPORTATION
CONNECTICUT RIDER EDUCATION PROGRAM
REQUEST FOR REPLACEMENT
COURSE COMPLETION CARD**

(PRINT) NAME _____

CURRENT ADDRESS _____

ADDRESS AT TIME OF COURSE _____

DRIVER LICENSE _____

COURSE LOCATION _____

- 1.) COMPLETE THIS FORM**
- 2.) MAKE OUT A NON-REFUNDABLE CHECK FOR \$25.00 PAYABLE TO: THE TREASURER, STATE OF CONNECTICUT**
- 3.) MAIL THIS FORM AND THE CHECK TO:**

**Department of Transportation
Transportation Safety
P. O. Box 317546
Newington, CT 06131-7546**

All cards will be processed within 14 business days of receipt.