

**SAMPLE**

INSTRUCTIONS: Complete parts 1, 2 and 3, part 3 is optional.  
Driving School: Send completed application supporting document and check/money order to:  
DMV, 60 State St. Wethersfield, CT 06109 Attention: Central Issuance Operation Unit within 24 hours of passing the test.

LEARNER PERMIT NUMBER DATE OF ISSUE

**PART 1**

1. APPLICANT'S NAME (Last, First, Middle, Suffix)  
Smith, John William

2. GENDER  M  F

3. DATE OF BIRTH 10/17/2005

4. HEIGHT 6 ft. 0 in

5. COLOR OF EYES Brown

6. MAILING ADDRESS (No., Street, City or Town, State, Zip Code)  
123 Apple Lane, Higganum, CT 06441

7. RESIDENCE ADDRESS (If different from mailing address)

DMV shares residence address updates with town registrars of voters so they can update your voting address, if you are a registered voter.  Check here if you do NOT want your voting address automatically updated.

8. US CITIZEN?  Yes  No If "NO", list ALIEN REGISTRATION NO.

9. CONNECTICUT RESIDENT?  Yes  No

10. DO YOU WANT TO BE IN THE ORGAN/TISSUE DONOR REGISTRY?  Yes  No If yes, you are agreeing to be a donor and the designation will be on your license.

11. DAYTIME PHONE NO. (203) 555-1234

12. SOCIAL SECURITY NUMBER XXX-XX-XXXX

13. LIST ANY OTHER NAMES EVER USED (Alias, Maiden, etc)

14. E-MAIL ADDRESS Jsmith@gmail.com

HOME TRAINING/ COMMERCIAL TRAINING CERTIFICATION

I hereby subscribe and certify under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes that 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, that I am qualified under Section 14-36, of the Connecticut General Statutes, over 20 years of age, have no suspensions within the previous 4 years and the Applicant has received the required training, including the equivalent of 22 hours classroom training; 40 hours on-the-road instruction; the 8 hours Safe Driver course, including a 2 hour Parent Training, as supported by a parent log and/or driving school certificate.

1 Home Training 22 hr class equiv 40 hr on-the-road 8 hr safe driving

2 Comm/Sec and Home 30 hrs class/minimum 8 hr safe driving plus home training 20 hrs on-the-road

3 Comm/Sec Only 30 hrs class 40 hrs on-the-road

SIGNATURE OF INSTRUCTOR (Home Training/Commercial) X

OPERATOR LICENSE NUMBER OR SCHOOL LICENSE NUMBER

SELECTIVE SERVICE CONSENT

Section 14-36l of the Connecticut General Statutes requires the Commissioner to transmit my information to the Selective Service System. By signing and submitting this application, I consent to be registered with the Selective Service System, provided I am at least age 16 but under age 26 and meet the criteria for registration in accordance with the Military Selective Service Act. If I am under age 18, I understand that my information will be transmitted to Selective Service but I will not be registered until I reach age 18.

MEDICAL CERTIFICATION  I hereby certify that I do not have any health or vision problems or conditions that prevent me from driving safely.

CERTIFICATION BY APPLICANT

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-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.

SIGNATURE OF APPLICANT X

DATE SIGNED

PARENTAL CONSENT AGE 16 OR 17 ONLY

I hereby request that a learner's permit and/or license be issued to the minor filing this application.

RELATIONSHIP TO MINOR

SIGNED (Authorized Consenter) X

CONSENTER'S LIC. NO. OR OTHER I.D.

**PART 2 - FEES AND SUPPORTING DOCUMENTS**

Circle applicable fees and determine correct amount

TRANSACTION TYPE	SEE
Learner Permit to Class D License	\$84.00
TOTAL ENCLOSED	\$ Parent License #

PAYMENT ENCLOSED (Check or money order)  COPY OF PERMIT ATTACHED  ROAD EVALUATION ATTACHED

**PART 3 - VOTER REGISTRATION APPLICATION**

Complete this section ONLY IF you are applying for voter registration for the first time or you are already a registered voter and would like to change your political party affiliation. You must complete Part 1 above first.

TO APPLY TO REGISTER TO VOTE YOU MUST BE: A United States citizen; at least 18 years of age (by election day); and a resident of Connecticut in the city or town where you are applying to register to vote.

Are you a citizen of the United States of America?  YES  NO

Will you be at least 18 years of age on or before election day?  YES  NO

If you checked "NO" in response to either of these questions, do NOT complete below this line as you cannot register to vote.

Do you wish to enroll in a political party?

YES NAME OF PARTY:  DEMOCRATIC  REPUBLICAN  OTHER: \_\_\_\_\_

NO I DO NOT WISH TO ENROLL IN A PARTY AT THIS TIME AND WILL BE REGISTERED AS UNAFFILIATED

Note: Declaring a party enables you to vote in the party's primary election, which is open only to party members. You may later choose to switch enrollment to or from a political party.

LEAVING THIS SECTION BLANK WILL AUTOMATICALLY RESULT IN SELECTING UNAFFILIATED

**VOTER DECLARATION:**

- I swear or affirm under penalty of perjury that:
  - \* I am a U.S. Citizen;
  - \* I live in Connecticut at the address shown above;
  - \* I am at least 17 years old and will be at least 18 years old on or before election day;
  - \* I have not been convicted of a disenfranchising felony, or if so, I am eligible to register to vote.

STOP SIGNATURE FOR VOTER REGISTRATION ONLY\*\* X

TODAY'S DATE

\*\*Voter registrations without signatures will not be processed.

The information that I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.

By signing this Voter Declaration, I am applying to register to vote or changing my existing party affiliation, and I agree to allow the signature from my license record to be used as the signature on my voter registration record.

**DMV AGENT CERTIFICATION**

ROAD TEST AND LICENSE INFORMATION

PASSED  FAILED

NON-COMMERCIAL CLASS D RESTRICTIONS (Circle All Applicable) 3 B C D E F G R U Y

AGENT CERTIFICATION

I hereby certify that I have verified the applicant's identity and the test results stated herein are true. SIGNATURE (Agent) X

CS-1 verified and all hours are completed.

PUNCH NO. AND PUNCH DATE SIGNED