



(SEE INSTRUCTIONS ON BACK)

SECTION A

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|---|--|-------|---------|---|------------------|--|-------------------------|-------------------------|
| NAME OF APPLICANT ON DRIVER'S LICENSE (Last, First, Middle Initial) | | | | DRIVER'S LICENSE OR ID CARD NUMBER (If known) | | | DATE OF BIRTH | |
| STREET ADDRESS WHERE LICENSE IS TO BE MAILED | | | | EYE COLOR | | GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X | | HEIGHT |
| CITY | | STATE | COUNTRY | ZIP/POSTAL CODE | CLASS (If known) | | ENDORSEMENTS (If known) | RESTRICTIONS (If known) |

CONNECTICUT RESIDENT ADDRESS (Number, Street, City or Town, State, Zip Code) **MILITARY:** Connecticut address at time of induction

CONNECTICUT MAILING ADDRESS (If different from Connecticut resident address)

| | |
|----------------|---|
| E-MAIL ADDRESS | PHONE NUMBER YOU CAN BE REACHED AT (If available) |
|----------------|---|

THIS FORM CANNOT BE USED TO CHANGE YOUR ADDRESS PERMANENTLY. YOU MUST COMPLETE AN INDIVIDUAL CHANGE OF ADDRESS FORM (B-58) TO CHANGE YOUR ADDRESS.

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.

SECTION B - CERTIFICATION FOR DRIVER'S LICENSE AND IDENTIFICATION CARDS

The information provided to the Commissioner of Motor Vehicles on this form is subscribed by me, the undersigned, 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 that I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above referenced laws. **Additional Certification for Driver's Licenses:** I also swear or affirm, under penalty of false statement, that my driver's license or driving privilege is not suspended, revoked or withdrawn, and that I do not have any health problems or conditions that prevent me from driving safely.

| | |
|-----------------------------------|------|
| APPLICANT'S SIGNATURE X | DATE |
|-----------------------------------|------|

SECTION C - FEES

SECTION D - VOTER REGISTRATION APPLICATION

FEE STRUCTURE FOR CREDENTIALS EXPIRING IN 2020 THRU 2025

The day of your date of birth determines your renewal period and year Expired.

| Year Expiring | Day of Date of Birth | Renewal Period |
|------------------------|--|----------------|
| Date for (2022 & 2023) | 2,5,9,12,14,15,17, 20,23,26,27,30,31 | 6 year renewal |
| | 1,3,4,6,7,8,10,11,13,16,18,19,21,22,24,25,28,29 | 8 year renewal |
| Date for (2024 & 2025) | 2,5,9,11,14,17,20,22,26,28,29,31 | 6 year renewal |
| | 1,3,4,6,7,8,10,12,13,15,16,18,19,21,23,24,25,27,30 | 8 year renewal |

Check the applicable fees and determine correct amount

| TRANSACTION TYPE | FEES |
|--|-----------------|
| Duplicate License/Non Driver ID <input type="checkbox"/> | \$ 30.00 |
| Duplicate Commercial Permit <input type="checkbox"/> | \$ 20.00 |
| Duplicate Learners Permit <input type="checkbox"/> | \$ 19.00 |
| Renewal of Drivers License 6 years (See above) <input type="checkbox"/> | \$ 72.00 |
| Renewal of Drivers License 8 years (See above) <input type="checkbox"/> | \$ 96.00 |
| Renewal of Drivers License 2 years* (65 & Older) <input type="checkbox"/> | \$ 24.00 |
| Renewal of Non Drivers ID 6 years <input type="checkbox"/> | \$ 24.00 |
| Renewal of Non Drivers ID 8 years <input type="checkbox"/> | \$ 32.00 |
| LATE FEE- For renewal of driver license if received by DMV after expiration date. | \$ 25.00 |
| Total Enclosed | \$ |

Payment Enclosed (check or money order)

NO CASH

DO NOT COMPLETE BELOW THIS LINE UNLESS YOU WANT TO REGISTER TO VOTE OR CHANGE YOUR POLITICAL PARTY AFFILIATION.

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 BOX 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.

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.

X SIGNATURE FOR VOTER REGISTRATION ONLY**

TODAY'S DATE



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

INSTRUCTIONS:

NOTE:

1. Complete Section A entirely. Type or print clearly. Sign the certification in section B.
2. Complete Section D if you want to apply to register to vote in CT or change your party affiliation. To register, you must be a U.S. citizen and at least 18 years old on or before the next election. You are not a voter until your application is approved by the registrar of voters in your CT town of residence. If you do not receive an acceptance or rejection within three weeks, contact your town registrar of voters.
3. Military: If recently honorably discharged or an active member of the armed services of the United States, Section E (below) must be completed if requesting a no fee renewal. A fee exemption is not given for duplicate licenses or identification cards.
4. Send completed application through postal mail.
5. LICENSE RENEWALS: Payments must be received prior to or the day of expiration or a \$25.00 late fee will be charged.
6. The following transactions **cannot** process through the mail. **Renewal of commercial driver license (CDL), public service license, name change, or drive-only permit / license.**

MAIL

Send the completed application and payment (fees are listed in section C) of check or money order drawn on a United States bank (dollar currency) and mailed to:

**Department of Motor Vehicles
60 State Street
Wethersfield, CT 06109
Attn: Central Issuance Operations Unit
dmv.ciu@ct.gov**

Per the REAL ID act you are allowed only one renewal through the mail before a new photo is required.

ACTIVE MILITARY PERSONNEL ONLY SECTION E

Connecticut General Statutes, Section 14-50(c). The Commissioner of Motor Vehicles shall waive the operator's license fee and examination fee in the case of any person in the active service of the armed forces of the United States who was a legal resident of Connecticut at the time of his induction; and for one licensing period to any person honorably separated from service who applies therefore within two years following the date of separation and was a legal resident of Connecticut at the time of his induction.

| | | | |
|---|---|-------------------|--------------------|
| I AM ENTITLED TO A WAIVER BECAUSE OF (Check One) ➡ | <input type="checkbox"/> Present Active Service in U.S. Armed Forces <input type="checkbox"/> Honorably Separated From Active Service <small>(If checked, fill in date of separation and submit copy of separation papers -DD214)</small> | DATE OF INDUCTION | DATE OF SEPARATION |
|---|---|-------------------|--------------------|

| | |
|------|-------------------|
| RANK | BRANCH OF SERVICE |
|------|-------------------|

NAME AND MAILING ADDRESS OF ARMED FORCES UNIT

| | |
|---|------------------------------------|
| I certify that I was a legal resident of the state of Connecticut at the time of my induction and that all information provided in this application is correct. | SIGNATURE OF APPLICANT X |
|---|------------------------------------|

| | |
|--|---|
| I certify under penalty of false statement in accordance with provision of Section 14-110 and 53a-157b of the Connecticut General Statutes that the above named applicant is in the active service of the U.S. Armed Forces. 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 referenced laws. | SIGNATURE OF COMMISSIONED OFFICER IN CHARGE (If Active) X |
|--|---|