

APPLICATION FOR DUPLICATE OF CURRENT PERMIT,  
DRIVER'S LICENSE, ID CARD OR REPRINT OF TEMPORARY  
1-B REV. 6-2017



STATE OF CONNECTICUT  
DEPARTMENT OF MOTOR VEHICLES  
BRANCH OPERATIONS DIVISION

**INSTRUCTIONS:**

1. Applicant must complete and sign this application. Type or print clearly.
2. Applicant must present the required evidence of identity.

OFFICE USE ONLY

APPLICATION FOR: *(Check One)*

- |  |   |
|--|---|
| <input type="checkbox"/> LEARNER'S PERMIT  | <input type="checkbox"/> MOTORCYCLE LEARNER'S PERMIT              |
| <input type="checkbox"/> DRIVER'S LICENSE  | <input type="checkbox"/> COMMERCIAL LEARNER'S PERMIT <i>(CLP)</i> |
| <input type="checkbox"/> COMMERCIAL DRIVER'S LICENSE <i>(CDL)</i>  | <input type="checkbox"/> NON-DRIVER IDENTIFICATION CARD           |
| <input type="checkbox"/> REPRINT TEMPORARY ( <input type="checkbox"/> LP <input type="checkbox"/> LICENSE <input type="checkbox"/> ID) |   |

REASON FOR DUPLICATE/REPRINT *(Check one)*

- LOST  STOLEN  DESTROYED

HEIGHT OF OPERATOR

*ft.* *in.*

OPERATOR'S NAME *(Last, First, Middle)*

DATE OF BIRTH

RESIDENT ADDRESS

*(No. & Street)*

*(City or Town)*

*(State)*

*(Zip Code)*

FORMER NAME AND/OR ADDRESS IF RECENTLY CHANGED

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 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 OPERATOR

DATE SIGNED

X