

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

**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**

X

**DATE SIGNED**