

APPLICATION FOR A NON-COMMERCIAL LEARNER PERMIT AND/OR DRIVER LICENSE
R-229 REV. 7-2023

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At ct.gov/dmv

INSTRUCTIONS: Complete 1-18, then present

- Required Identification Documents & Proof of Connecticut Residency: see "Acceptable Forms of ID" at ct.gov/dmv
- 16 and 17 year olds: Certificate of Parental Consent Form 2D (if not accompanied by authorized individual)
- Applicable Fees



NO FEE <input type="checkbox"/> US MILITARY	LEARNER PERMIT NUMBER	DATE OF ISSUE
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1. APPLICANT'S NAME (Last, First, Middle, Suffix)		2. GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	3. DATE OF BIRTH	4. HEIGHT ft. in.	5. COLOR OF EYES
6. MAILING ADDRESS (No., Street, City or Town, State, Zip Code)			7. RESIDENCE ADDRESS (If different from mailing address)		
8. US CITIZEN? If "NO", list ALIEN REGISTRATION NO. <input type="checkbox"/> Yes <input type="checkbox"/> No	9. CONNECTICUT RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. DO YOU WANT TO BE IN THE ORGAN/TISSUE DONOR REGISTRY? If yes, you are agreeing to be a donor and the designation will be on your license. <input type="checkbox"/> Yes <input type="checkbox"/> No		11. DAYTIME PHONE NO. ()	
12. SOCIAL SECURITY NUMBER	13. LIST ANY OTHER NAMES EVER USED (Alias, Maiden, etc)		14. E-MAIL ADDRESS		

QUESTIONS		YES (✓)	NO (✓)		
15. Have you previously failed a driver's license examination in Connecticut?				FAILED <input type="checkbox"/> VISION <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> ROAD	LOCATION DATE
16. Do you now, or have you ever held a Connecticut Learner Permit, License or Non-Driver Identification Card?				PERMIT, LICENSE OR ID NO. (9 digits)	EXPIRATION DATE NO. OF YEARS
17. Do you now, or have you ever held an Operator's License or Identification Card from another state?				STATE DRIVER LICENSE OR ID NO.	EXPIRATION DATE NO. OF YEARS
18. Is your privilege to operate a motor vehicle suspended or subject to suspension in Connecticut or in any other state?				IN WHAT STATE(S)?	

SELECTIVE SERVICE CONSENT	Section 14-36f 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 <input type="checkbox"/>	I hereby certify that I do not have any health or vision problems or conditions that prevent me from driving safely.
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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
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DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

PROOF OF IDENTIFICATION	TYPE OF IDENTIFICATION SHOWN	<input type="checkbox"/> I.D. SCANNED FIRST VISIT	EXAMINERS INITIALS	STAMP NO.
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FULL LEGAL NAME	If different than entered in name section above (# 1)			
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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.
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VISION SCREENING RESULTS	VISUAL AID USED <input type="checkbox"/> NONE <input type="checkbox"/> GLASSES/CONTACTS	RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	AGENTS INITIALS	PUNCH NO. AND PUNCH
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KNOWLEDGE TEST	<input type="checkbox"/> COMPUTER/AUDIO <input type="checkbox"/> WRITTEN	TEST RESULTS <input type="checkbox"/> WAIVED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	APPLICANTS INITIALS CONFIRMING IDENTIFICATION DOCUMENTS RETURNED	
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PERMIT	<input type="checkbox"/> ISSUE LEARNER PERMIT <input type="checkbox"/> ISSUE MOTORCYCLE PERMIT	<input type="checkbox"/> ISSUE PERMIT WITH CORRECTIVE LENSES (B-RESTRICTION)	<input type="checkbox"/> ISSUE DRIVE ONLY (Y-RESTRICTION)
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AGENT CERTIFICATION	I hereby certify that I have examined the applicant's identity documents and the test results stated herein are true and correct.	SIGNED (Agent) X	PUNCH NO. AND PUNCH	DATE SIGNED
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DRIVER TRAINING	CLASSROOM INSTRUCTION	SCHOOL NAME	COMMERCIAL SCHOOL LICENSE NO.	DRIVER EDUCATION CERTIFICATE NO.
	PRACTICE DRIVING	SCHOOL NAME (If same as above print "same")	COMMERCIAL SCHOOL LICENSE NO.	DRIVER EDUCATION CERTIFICATE NO.

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.			
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HOME TRAINING/ COMMERCIAL TRAINING CERTIFICATION	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 40 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
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ROAD TEST AND LICENSE INFORMATION	<input type="checkbox"/> WAIVED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	SPECIAL EQUIPMENT
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AGENT CERTIFICATION	I hereby certify that I have verified the applicant's identity and the test results stated herein are true and correct.	SIGNED (Agent) X	PUNCH NO. AND PUNCH	DATE SIGNED
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AGENT CERTIFICATION	NON-COMMERCIAL CLASS D	ENDORSEMENT M Q	RESTRICTIONS (Circle All Applicable) 3 B C D E F G R U Y
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