

**APPLICATION FOR DUPLICATE OF CURRENT  
DRIVER'S LICENSE OR PERMIT**  
1-B REV. 4-2001



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. Refer to form B-313.

OFFICE USE ONLY

APPLICATION FOR DUPLICATE OF *(Check One)*

LEARNER'S PERMIT

MOTORCYCLE LEARNER'S PERMIT

NON-DRIVER  
IDENTIFICATION CARD

DRIVER'S LICENSE

COMMERCIAL DRIVER INSTRUCTION  
PERMIT *(CDIP)*

COMMERCIAL DRIVER'S LICENSE *(CDL)*

PUBLIC PASSENGER ENDORSEMENT  
PERMIT *(PPEP)*

REASON FOR DUPLICATE *(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

I certify that my driver's license or permit is not under suspension. I also certify that I have not been required to surrender my permanent license or permit to an officer of the law. I understand that the statement is made subject to penalties of false statement as provided by the Connecticut General Statutes.

SIGNATURE OF OPERATOR

DATE SIGNED

**X**