

**REQUEST FOR DUPLICATE OF A CT  
DRIVER'S LICENSE/IDENTIFICATION  
CARD/PERMIT BY MAIL**  
B-350A Rev. 6-19

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
CENTRAL ISSUANCE OPERATIONS UNIT  
60 STATE STREET, WETHERSFIELD, CT 06109



**(SEE INSTRUCTIONS ON BACK)**

You may only request a duplicate license through the mail if you are requesting an EXACT duplicate of your license and it is being mailed to the address that is currently on file with the DMV. If you are requesting a name change or address change you must appear in person.

**PART 1**

NAME OF APPLICANT ON DRIVER'S LICENSE/ID CARD (Last, First, Middle Initial)				DRIVER'S LICENSE OR ID CARD NUMBER (If known)			DATE OF BIRTH	
ADDRESS WHERE LICENSE/ID CARD IS TO BE MAILED (Must match DMV records)					EYE COLOR	GENDER		HEIGHT
CITY	STATE	COUNTRY	ZIP/POSTAL CODE	CLASS (If known)	ENDORSEMENTS (If known)		RESTRICTIONS (If known)	
E-MAIL ADDRESS				MAY WE CONTACT YOU VIA E-MAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NUMBER YOU CAN BE REACHED AT		

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.

**CERTIFICATION FOR DRIVER'S LICENSES 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 Sections 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 License:** 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or affirm, under penalty of false statement, that my driver's license or driving privilege is not suspended, revoked or withdrawn, and that I do not have any health problems or conditions that prevent me from driving safely.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 <b>X</b>	DATE
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**PART 2**

**Please check transaction requested and enclose the proper fee**

TRANSACTION TYPE	FEE
<input type="checkbox"/> Duplicate of Non-Driver ID	\$30.00
<input type="checkbox"/> Duplicate of Driver License	\$30.00
<input type="checkbox"/> Duplicate of Learner Permit	\$19.00
<input type="checkbox"/> Duplicate of Commercial Driver License	\$30.00
<input type="checkbox"/> Duplicate of Motorcycle Learner Permit	\$16.00
<input type="checkbox"/> Duplicate of Commercial Driver License Permit	\$10.00
<b>TOTAL ENCLOSED</b>	<b>\$</b>

- PAYMENT ENCLOSED** (Check or money order)
- CREDIT CARD PAYMENT** (Please call (860)263-5401 1 business day after emailing/faxing the form to provide credit card number. Credit card payments must be received prior to expiration date or the late fee will apply).

**PART 3 - VOTER REGISTRATION APPLICATION**

Complete this section **ONLY IF** you are applying for voter registration for the first time or you are already a registered voter and would like to change your political party affiliation. **You must complete Part 1 above first.**

**TO APPLY TO REGISTER TO VOTE YOU MUST BE:** A United States citizen; at least 18 years of age (by election day); and a resident of Connecticut in the city or town where you are applying to register to vote.

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 SECTION 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 disfranchising felony, or if so, I am eligible to register to vote

SIGNATURE OF APPLICANT**	TODAY'S DATE
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**\*\*Voter registrations without signatures will not be processed.**  
 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 agree to allow the signature from my license record to be used as the signature on my voter registration record.

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**INSTRUCTIONS:**

1. Complete PART 1 and 2
2. Complete PART 3 only if you are applying for voter registration for the first time or you are already a registered voter and would like to change your political party affiliation.
3. Send completed application through either postal mail, e-mail or fax.

**MAIL**

Send the completed application and payment (must be in the form of check/money order drawn from a United States bank-dollar currency) and mail to:

**Department of Motor Vehicles  
60 State Street  
Wethersfield, CT 06109  
Attn: Central Issuance Operations Unit**

**E-MAIL OR FAX**

E-mail completed form(s) to [DMV.CIU@ct.gov](mailto:DMV.CIU@ct.gov) or fax to 860-263-5591. After one business day contact the Central Issuance Operations Unit at 860 263-5401 (Monday-Friday 8:30 a.m. to 3:00 p.m.) to make a credit card payment (MASTERCARD, VISA OR DISCOVER ONLY).

Drive only duplicates cannot be processed through the mail.