

APPLICATION FOR PUBLIC PASSENGER ENDORSEMENT
R-7 REV. 3-2012

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
PASSENGER ENDORSEMENT REVIEW UNIT
On The Web At ct.gov/dmv



INSTRUCTIONS

- Type or print clearly with ballpoint pen, answer questions 1 through 23, and sign under oath
- Attach:
 - DMV form R-323 - Examination to Determine Physical Condition of Driver
 - 2 completed fingerprint cards (1 for Connecticut State Police/1 for FBI)
 - Certified driving history(ies) and criminal history record for any out-of-state/country licenses held during preceding 5 years

A bank check, personal check or money order in the amount of \$19.25 payable to the Department of Motor Vehicles (DMV) must accompany application.

Effective March 19, 2012 the new fingerprint processing fee will be \$16.50.

1. APPLICANT'S NAME (Last, First, Middle Initial)		2. GENDER <input type="checkbox"/> M <input type="checkbox"/> F	3. DATE OF BIRTH	4. EYE COLOR	5. HEIGHT ft. in.
6. MAILING ADDRESS (Number and Street, City or Town, State, Zip Code)			7. BIRTHPLACE (If foreign born, include country)		
8. RESIDENCE ADDRESS (If different from mailing address)			9. E-MAIL:		
DO YOU WISH TO BE CONTACTED VIA E-MAIL REGARDING THE STATUS OF YOUR APPLICATION. <input type="checkbox"/> YES <input type="checkbox"/> NO		10. NAME AND PLACE OF EMPLOYMENT (Business name and complete address)			
11. LIST ANY OTHER NAMES EVER USED (Alias, Maiden, etc.)		12. RESIDENT OF CONNECTICUT <input type="checkbox"/> NO <input type="checkbox"/> YES Since YR:		13. SOCIAL SECURITY NUMBER	
14. APPLYING FOR ENDORSEMENT <input type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/> F		15. OPERATOR'S LICENSE NUMBER		16. DAYTIME NUMBER ()	

S, V and A, applicants must complete the following:

I _____ do here by authorize
Print applicant name

the Dept. of Children and Families to research its records to determine if I am listed on the Central Registry of Perpetrators of Child Abuse and Neglect. I understand that this information will be used solely to determine my suitability for whether I am a proper person to be issued a Connecticut Public Passenger endorsement by the Dept. of Motor Vehicles. I release the Dept. of Children and Families from any liability for any damages I may incur which may result from the release/use of this information.

Date: _____ Applicant Signature: _____

This authorization will expire 180 days after the date of the signature.

Note: This search will not disclose substantiations or DCF involvement unless the person signing the release is listed on the Central Registry.

QUESTION	YES (✓)	NO (✓)	EXPLANATION
17. Have you lived in another state or country during the past five years?			IF "YES", WHAT STATE(S) OR COUNTRY? (ATTACH CERTIFIED DRIVING AND CRIMINAL HISTORY FOR EACH STATE OR COUNTRY)
18. Have you ever held a driver's license issued by any other state or country during the past five years?			IF "YES", WHAT STATE(S) OR COUNTRY? (ATTACH CERTIFIED DRIVING AND CRIMINAL HISTORY FOR EACH STATE OR COUNTRY)
19. Have you ever been convicted of an alcohol or drug related offense relative to operation of a motor vehicle?			IF YES, EXPLAIN
20. Have you ever been treated for any health condition which is likely to cause a loss of consciousness or any other loss of ability to control a motor vehicle?			IF YES, EXPLAIN
21. Do you meet all the physical requirements as set forth in Section 14-44 CGS and Title 49 CFR Section 391.41?			IF NO, EXPLAIN
22. Are there any criminal charges currently pending against you?			IF YES, EXPLAIN
23. Have you EVER BEEN CONVICTED of a crime, offense, forfeited bond or collateral? (Exclude minor traffic violations, or any offense settled in a juvenile court or under a youthful offender law).			IF YES, EXPLAIN

DMV USE ONLY

DOCUMENTS SUBMITTED

SP FINGERPRINT FBI FINGERPRINT PHYSICAL DRIVER HISTORY CRIMINAL HISTORY DCF RELEASE SIGNED

REMARKS

CERTIFICATION BY APPLICANT (To be signed in the presence of DMV Inspector or DMV Agent)	I swear or affirm under penalty of false statement in accordance with Connecticut General Statute 53a-157b that all information provided as part of this application is true and accurate.		SIGNATURE OF APPLICANT X	DATE SIGNED
	STATE OF CONNECTICUT	DATE	Subscribed before me	SIGNATURE OF INSPECTOR OR AGENT X