

**NOTIFICATION OF RATES**

R-100 REV. 10-2025

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
DRIVER EDUCATION AND TRAINING UNIT  
60 STATE STREET WETHERSFIELD, CT 06161  
On The Web At [ct.gov/dmv](http://ct.gov/dmv)

**INSTRUCTIONS:**

1. Complete Section 1.
2. Complete Section 2 with present and proposed rates, if amending rates.
3. Sign application.
4. Rates or amended rates must be sent CERTIFIED and at least five (5) business days prior to the effective date of the rate change; this is required per CT General statute 14-71 and CT regulation 14-78-47.

**SECTION - 1 (School Use Only)**

NAME OF SCHOOL	LICENSE NUMBER
MAIN ADDRESS OF SCHOOL	E-MAIL ADDRESS
PHONE	

Please indicate below if this is for a new application or to amend current rates on file with the agency. If the application is to amend rates you must list the current rate being charged, the proposed rate that will be changed and the effective date of the change. Any change of rates must be on file and approved with Department of Motor Vehicles at least five (5) business days prior to the effective date of the rate change.

☐ NEW APPLICATION      ☐ AMENDED RATE

**SECTION - 2 (School Use Only)**

TYPE OF SERVICE	PRESENT RATE	PROPOSED RATE	EFFECTIVE DATE
SAFE DRIVING PRACTICE COURSE (not to exceed \$200 per C.G.S. 14-36 (d))			

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.

AUTHORIZED DRIVING SCHOOL REPRESENTATIVE <b>X</b>	PRINTED NAME	DATE SIGNED
--	--------------	-------------

**SECTION - 3 (DMV Use Only)**

DATE RECEIVED BY AGENCY	DATE APPROVED	APPROVED BY
		APPROVER PRINTED NAME