APPLICATION FOR PUBLIC PASSENGER ENDORSEMENT
R-7 REV. 5-2020

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

INSTRUCTIONS

1. **Complete DCF-3031 form and submit to Department of Children and Families PRIOR to submitting the application (S, V and A endorsements only) and mail to: DCF Careline Background Searches, 505 Hudson St. 5th floor, Hartford, CT 06106 or Fax to: (860)560-707**
2. Complete Part 1, 2, 3 (F endorsement applications not required to complete this section) and 4.
   a. Type/Print clearly with pen.
   b. Part 3 (if required) and 4 **must be signed** by the applicant.
3. Section 4 Instructions: Attach all documents listed in A or B depending on your residency status. All documents must be submitted, if all documents listed are not submitted your application CANNOT be accepted.

PART 1

1. APPLICANT'S NAME *(Last, First, Middle Initial)*	2. GENDER	3. DATE OF BIRTH	4. SOCIAL SECURITY NUMBER

5. LIST ANY OTHER NAMES EVER USED *(Alias, Maiden, etc.)*	6. BIRTHPLACE *(If foreign born, include country)*

7. MAILING ADDRESS *(Number and Street, City or Town, State, Zip Code)*

8. RESIDENCE ADDRESS *(If different from mailing address)*	9. NAME AND PLACE OF EMPLOYMENT *(Business name and complete address)*

10. LICENSE CLASS	11. OPERATOR'S LICENSE NUMBER	12. DAYTIME NUMBER
☐ A ☐ B ☐ C ☐ D		( )

13. SELECT TYPE OF ENDORSEMENT YOU ARE APPLYING FOR:

☐ **SCHOOL BUS (S)** ☐ **STUDENT TRANSPORTATION (V)** ☐ **ACTIVITY VEHICLE (A)** ☐ **TAXI LIVERY SERVICE BUS (F)**

IMPORTANT: Notification of approval/denial of endorsement can be sent either by mail or e-mail. Utilizing e-mail will help to shorten the processing time. If you would like your notification e-mailed please provide it.

14. E-MAIL: (*IF YOU WISH TO BE CONTACTED VIA E-MAIL PLEASE LIST)*

PART 2

QUESTION	YES (✓)	NO (✓)	EXPLANATION
15. 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)**
16. 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)**
17. Do you meet all the physical requirements as set forth in Section 14-44 CGS and Title 49 CFR Section 391.41?			**IF NO, PLEASE EXPLAIN**
18. 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 YOU INDICATE YES TO QUESTIONS 18-20 YOU MUST ATTACH A STATEMENT EXPLAINING THE CIRCUMSTANCES**
19. Have you ever been convicted of an alcohol or drug related offense relative to the operation of a motor vehicle?			
20. Are there any criminal charges currently pending against you?			
21. 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).*			

PART 3 Signature Required

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.

PART 4 Signature Required

Check applicable box A or B and attach below documents

☐ A. CT Residents (more than 5 years)
- ☐ Medical Examiner Certificate (Form MCSA-5876) with a exam date within 90 days
- ☐ Completed fingerprint card **Do not bend card**
- ☐ A check payable to "DMV" for $88.25 for fingerprint processing.
- ☐ National Sex Offender Check, for more information go to: http://www.nsopw.gov

☐ B. CT Residents (less than 5 years)
- ☐ All of the above documents, plus
- ☐ Certified criminal and driving history for any out-of-state/country

CERTIFICATION BY APPLICANT	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

CONNECTICUT DMV REQUIREMENTS FOR PUBLIC PASSENGER ENDORSEMENTS

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

Below is a checklist of all documentation that must be submitted to apply for a public passenger endorsement:

1. **S, V and A endorsement applicants only:** Authorization for Release of Information for DCF CPS Search (DCF-3031): This form must be mailed directly to Department of Children and Families. **Mail this form to:** DCF Careline Background Searches, 505 Hudson St - 5th floor, Harford, CT 06106 or Fax to (860)560-7071. Important: Failure to complete and mail this form to DCF prior to submitting your application to DMV **will result in a delay** of the processing of your application.

All the forms listed below must be mailed to the Department of Motor Vehicles

2. Application for Public Passenger Endorsement (R-7). **Make sure it's signed and dated.**

3. Medical Examiner Certificate Form - MCSA-5876, the exam date on the certificate must be within 90 days of applying for the endorsement.

4. Connecticut State Police Fingerprints (DPS-125X- rev 7/95) **Do not fold card**

5. A personal check, bank check or money order made payable to "DMV" for **$88.25.**

6. Sex offender check: This can be obtained by visiting the following website: http://www.nsopw.gov (if there are AKA's (other names used), all names must be run). The check submitted must have a date stamp from the printer it is printed from. The date stamp must be within five (5) days of the date of application.

7. Copy of your valid Connecticut license

Applicants who have held a license in CT less than five years MUST also submit:

8. A CERTIFIED DRIVING history and CRIMINAL history from any previous licensing state(s)/countries. The histories must cover the last five years. Applicants from the following CLOSED criminal record states: AZ, CA, MS, NC, TN and VT are only required to submit the certified driving history.

Forms #2-8 above should be **mailed/dropped off** to:

Department of Motor Vehicles
60 State Street
Wethersfield, CT 06109
Attention: Public Passenger Endorsement Review Unit

Applications may be hand-delivered to the Wethersfield office ONLY. There is a drop off box located on the first floor of the DMV next to the information box and is marked Public Service Applications.

IMPORTANT: When mailing/dropping applications DO NOT FOLD fingerprint cards. Your application will be returned if bent cards are received.

Processing Time for application: approximately 6-8 weeks. A letter/e-mail will be sent to the applicant via e-mail/letter (depending on applicant's request).

Approved Applicants: within 90 days of receiving an approval the applicant will be required to either appear at a Hub branch contact the Passenger Endorsement Review Unit with applicable paperwork and fees.

Class A, B and C drivers will be required to appear at a Hub office.

S endorsement only: Proof they have passed proficiency test.

V endorsement only: Training certificate (R-360)

Fee: $12.00 for each remaining year on license.

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[3] by **Department of Motor Vehicles** that your fingerprints will be used to check the criminal history records of the FBI.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.[4]

- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[5]

- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

- If you need additional information or assistance, please contact:

Connecticut Records: **Department of Emergency Services and Public Protection** **State Police Bureau of Identification (SPBI)** **1111 Country Club Road** **Middletown, CT 06457** **860-685-8480**	**Out-of-State Records:** **Agency of Record** **OR** **FBI CJIS Division-Summary Request** **1000 Custer Hollow Road** **Clarksburg, West Virginia 26306**

[3] **Written notification includes electronic notification, but excludes oral notification.**
[4] **See 28 CFR 50.12(b).**
[5] **See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).**

Federal Bureau of Investigation
United States Department of Justice
Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Connecticut Department of Children and Families

AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH

DCF-3031
8/19 (Rev.)

I, *(Applicant Name)*: _____
do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for (check one):

☐ Employment ☐ Day Care ☐ Volunteer ☐ Intern ☐ Mentor
☐ Other:

(This area for DCF Use only)
Date Processed: _____
Central Registry: ☐ YES ☐ NO
Processor's Initials:

Name of Agency *(requesting background check)*:	Attention:		
Address: (No. and Street):	City:	State:	Zip:

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information.
I submit my following information to assist the Department of Children and Families in their search.

Applicant Last Name	Applicant First Name:	Middle:	DOB:	SS:
Applicant Address: (No. and Street): Apartment #:	City:	State:	Zip:	Years at current address?" Years Months

List All Previous Applicant Address(es) for the Last Five Years ☐ *Check if an additional sheet is necessary, and attached*

Address: (No. and Street): Apartment #:	City:	State:	Zip:	Dates From: *Month*	*Year*	Dates To: *Month*	*Year*

Other Names I have Used – *Including Maiden, Previous Marriages(s)* ☐ *Check if an additional sheet is necessary and attached*

Last Name	First Name:	Middle:	DOB:	SS:

Name of Spouses/Other Adults in the Home – *Past and Present* ☐ *Check if an additional sheet is necessary and attached*

Last Name	First Name:	Middle:	DOB:

Names of ALL Child(ren) –*Biological, Stepchildren, Including Adult Children In or Out of the Home* ☐ *Check if an additional sheet is necessary and attached*

Last Name	First Name:	Middle:	DOB:	Gender:
				☐ Female ☐ Male ☐ Unknown
				☐ Female ☐ Male ☐ Unknown
				☐ Female ☐ Male ☐ Unknown
				☐ Female ☐ Male ☐ Unknown

Do you have an active DCF investigation at this time? ☐ Yes ☐ No Do you have an active appeal of a DCF investigation at this time? ☐ Yes ☐ No

Applicant Signature:	Date:

This authorization will expire 180 days after the date of the signature. Forms not filled out completely and / or clearly will be returned. Do not leave any blank spaces. Please specify with "N/A" if not applicable. **DCF Conducts a Search of the CT Registry ONLY** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

How To Submit: *Email:* DCF.BackgroundCheck@ct.gov | *Fax:* 860-560-7071 | *Mail:* DCF-Background Check Unit, 505 Hudson Street, Hartford, CT 06106

Please be advised that due to the large volume of forms received, we are unable to provide confirmation of receipt or status updates during the background check process. If, after 4 weeks, you do not receive the results of any form(s) you sent in or if you have any questions, please contact the BGC Unit.