

	<p>State of Connecticut Department of Motor Vehicles Division of Driver Regulation</p>	
<p>Policy Title</p>	<p>Head Covering</p>	
<p>Policy Number</p>	<p>Division of Driver Regulation-2013-01 Approved by: _____ Commissioner Melody A Currey Date _____</p>	
<p>Version</p>	<p>1.0</p>	
<p>Date Issued</p>		<p>Date Effective: _____</p>
<p>Code of Federal Regulations</p>	<p>Real ID Act and Regulations 6 CFR 37.17(e) “Veils scarves or headdresses must not obscure any facial features and not generate shadow. The person may not wear eyewear that obstructs the iris or pupil of the eyes and must not take any action to obstruct a photograph of their facial features.”</p>	
<p>Purpose:</p>	<p>To establish guidelines for applicants that wish to wear a head covering while being photograph for LP, DL or ID to due religious or medical reasons.</p>	
<p>Policy:</p>	<p>No hats, sunglasses or other head covering are acceptable, with the exception of individuals who claim a religious exception for a head covering.</p>	
<p>Definitions:</p>	<p>DL – Driver License ID – Non-Driver Identification Card LP – Learner Permit</p>	
<p>Procedure:</p>	<ol style="list-style-type: none"> 1. Have applicant complete and sign Head Covering Statement (B-307) 2. Examiner must verify that the head covering does not: (1) obscure or obstruct a full view of the face, (2) display any: (a) logo, (b) insignia, symbol, or regalia, (c) word or words, (d) letter, number, or character, or any combination thereof, or (e) graphic design, other than the overall pattern of the fabric or material, or (3) cast a shadow onto the face of the person.” 3. Examiner must verify that any veils, scarves or headdresses do not obscure any facial features and not generate shadow. 4. Examiner must verify the person may not wear eyewear that obstructs the iris or pupil of the eyes and must not take any action to obstruct a photograph of their facial features. 5. B-307 should be filed in branch office for a period of 3 years. 	
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HEAD COVERING STATEMENT

B-370 New 8-2013

I declare under penalty of false statement that:

- My religious beliefs require my head covering remain on while in public or while being photographed
- For medical reasons I am currently wearing a head covering

APPLICANT'S NAME *(Last, First, Middle Initial)*

CONNECTICUT LICENSE OR ID NUMBER *(9 Digits)*

CERTIFICATION

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.

SIGNATURE OF APPLICANT

X

DATE SIGNED