

**CONNECTICUT IDENTIFICATION (ID) CARD
REQUIREMENTS AND APPLICATION**
B-230 REV. 4-2022



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
BRANCH OPERATIONS
ct.gov/dmv

INSTRUCTIONS

1. Applicants must surrender any driver's license or identity card from any state or U.S. territory.
2. Applicants must prove identity, and provide their SSN, residency and legal presence. A full listing of acceptable documentation may be obtained at any DMV, AAA office, Nutmeg State Financial Credit Union, or at ct.gov/dmv.
3. Applicants must pay the applicable fee. There is an exception for Blind Veterans and Homeless Persons. (See back page).

NEW DUPLICATE RENEWAL EXCHANGE

APPLICANT INFORMATION	LAST NAME <i>(Please Print)</i>		FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH
	MAILING ADDRESS <i>(No. and Street)</i>		<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>	
	RESIDENT ADDRESS, IF DIFFERENT FROM MAILING ADDRESS <i>(No. and Street)</i>					
	RESIDENT ADDRESS IS <i>(Check One)</i>		HEIGHT <i>(Feet, Inches)</i>	GENDER		EYE COLOR
	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> MALE (M) <input type="checkbox"/> FEMALE (F) <input type="checkbox"/> NON-BINARY (X)		
	SOCIAL SECURITY NUMBER			ARE YOU A U.S. CITIZEN? IF NO, LIST ALIEN REGISTRATION NUMBER		
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
	DO YOU CURRENTLY HAVE A LICENSE, ID CARD OR LEARNER'S PERMIT?			IF YES, WHAT STATE OR U.S. TERRITORY?		LICENSE OR ID CARD NUMBER
<input type="checkbox"/> YES <input type="checkbox"/> NO						
DO YOU WANT TO BE IN THE ORGAN/TISSUE DONOR REGISTRY?			If yes, you are agreeing to be a donor. The designation will appear on your identification card.			
<input type="checkbox"/> YES <input type="checkbox"/> NO						
PHONE NUMBER				E-MAIL		

DECLARATION OF HOMELESS STATUS BY DESIGNEE	Section 1-1h of the Connecticut General Statutes, allows a resident of a homeless shelter, or other facility for homeless persons or a certified homeless youth or certified homeless young adult, to apply for a fee waiver, for a non-driver's identification card.					
	The information in this section must be completed by a director or other authorized official of the Homeless Shelter or other facility, as defined in the Regulations of Connecticut State Agencies section 1-1h-8 and Connecticut General Statutes section 1-1h.					
	NAME OF FACILITY/SHELTER					
	ADDRESS OF FACILITY/SHELTER					
	NAME OF FACILITY/SHELTER OFFICIAL <i>(Please Print)</i>		<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Initial)</i>	
	By signing this form the official of the homeless shelter or other facility; including but not limited to, school district homeless liaison, emergency shelter director, director of a runaway or homeless youth facility, is attesting that the individual listed in the Applicant section above, is homeless, and qualifies to have the non-driver identification fee waived.					
The information provided herein, to the Commissioner of Motor Vehicles, by the undersigned, is being provided 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 FACILITY/SHELTER OR DESIGNATED OFFICIAL					DATE SIGNED	
X						

SELECTIVE SERVICE CONSENT	Section 14-36l of the Connecticut General Statutes requires the Commissioner to transmit my information to the Selective Service System. By signing and submitting this application, I consent to be registered with the Selective Service System, provided I am at least age 16 but under age 26 and meet the criteria for registration in accordance with the Military Selective Service Act. If I am under age 18, I understand that my information will be transmitted to Selective Service but I will not be registered until I reach age 18.
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CERTIFICATION	The information provided herein, to the Commissioner of Motor Vehicles, by the undersigned, is being provided 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 OR DESIGNEE <i>(Must be signed in presence of Department of Motor Vehicles Official.)</i>					DATE SIGNED
STOP! X						

SAVE ELIGIBLE 2ND LEVEL **DMV USE ONLY** **SAVE VERIFIED**

MLIV BY: _____ DATE: _____		BY: _____	
TYPE OF ACCEPTABLE ID SHOWN			LIST ADDITIONAL IDENTIFICATION
<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT <input type="checkbox"/> SS CARD <input type="checkbox"/> ADDRESS VERIFICATION			
ISSUING EXAMINER'S INITIALS	STAMP NUMBER	ID NUMBER ISSUED	DATE ISSUED
<input type="checkbox"/> MEDICAL DOWNGRADE	ANALYST'S NAME <i>(Please Print)</i>	ANALYST'S SIGNATURE	DATE SIGNED
		X	

SEE BACK PAGE

Fee Waiver Information

BLIND VETERANS

Veterans (defined in C.G.S. 27-103) who are considered blind, as defined in subsection (a) of Section 1-1f of the CT General Statutes, may be issued a NO FEE Non-driver's identification card by presenting:

- DD214 – Discharge papers indicating the applicant has been honorably discharged.
- Letter from doctor/optometrist certifying that the applicant meets the definition of blind outlined in subsection (a) of section 1-1f of the CT General Statutes or a Certificate of Legal Blindness from CT Board of Education and Services for Blind.

HOMELESS ADULT

Section 1-1h of the Connecticut General Statutes, allows a resident of a homeless shelter, or other facility for homeless persons or a certified homeless youth or certified homeless young adult, to apply for a NO FEE Non-driver's identification card with the requirements below:

Declaration of homeless status (ADULT) must be completed by a director or other authorized official of the Homeless Shelter or other facility as defined in the Regulations of Connecticut State Agencies section 1-1h-8 and Connecticut General Statutes section 1-1h. The signature of an authorized official of the facility/shelter is required on form B-230.

HOMELESS YOUTH/YOUNG ADULT

Certification of homeless youth or homeless young adult must be signed on form B-230 by one of the following:

- A. School District Homeless Liaison
- B. Director of emergency shelter funded by the United States Department of Housing and Urban Development or director's designee
- C. Director of run away or homeless youth basic center or transitional living program funded by the USA Department of Health & Human Services or director's designee
- D. Director of program of a non-profit organization or municipality that is contracted with homeless youth program established pursuant to Section 17a-62a.

For more information and a list of shelters/designated officials please visit our web site:

Non-Driver Photo ID - Obtaining (ct.gov)