

**DRIVER EDUCATION SUPPLIES REQUEST**  
R-319 REV. 2-2013

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
*Driver Education Unit*  
60 State Street, Wethersfield, CT 06161

**INSTRUCTIONS:**

1. Bear down hard with ball point pen when completing this form.
2. Certificate book (CS-1) will be mailed directly to the driving, secondary, or vocational school address that is listed below.
3. Forward your request to the DMV at the above address at least thirty (30) working days in advance.

NAME OF OWNER/INSTRUCTOR/TEACHER		AUTHORIZED SIGNATURE ( <i>Owner, Instructor, or Teacher</i> )	DATE OF REQUEST
		X	
NAME OF SCHOOL/AARP UNIT		SCHOOL LICENSE NUMBER ( <i>If applicable</i> )	SCHOOL TELEPHONE NUMBER
ADDRESS	( <i>Number and Street</i> )	( <i>City or Town</i> )	( <i>State</i> ) (Zip Code)

\* NOTE - FOR COMMERCIAL, SECONDARY, OR VOCATIONAL SCHOOLS. The CS-1 will be mailed to the school address indicated above.

**DRIVING SCHOOLS ONLY**

FORM NUMBER	NAME OF FORM	AMOUNT REQUESTED	DMV USE ONLY	
			AMOUNT SENT BY DMV	INITIALS ( <i>D.E. Unit</i> )
*CS-1	Driver Education Certificate-Commercial/Secondary Driving School			

**ALL SCHOOLS**

FORM NUMBER	NAME OF FORM	AMOUNT REQUESTED	DMV USE ONLY
			AMOUNT APPROVED BY DMV
R-229	Application for Connecticut Driver's License		
R-279	Road Test Evaluation Report		

OTHER SUPPLIES	
OTHER SUPPLIES	
OTHER SUPPLIES	
OTHER SUPPLIES	
OTHER SUPPLIES	
OTHER SUPPLIES	
OTHER SUPPLIES	
OTHER SUPPLIES	
DEU APPROVAL/SIGNATURE LINE	

Please visit [ct.gov/dmv](http://ct.gov/dmv) and click on the "Forms" link to download and print any forms that are not listed.