

**DEPARTMENT OF TRANSPORTATION
CONNECTICUT RIDER EDUCATION PROGRAM
REQUEST FOR REPLACEMENT
COURSE COMPLETION CARD**

(PRINT) NAME _____

CURRENT ADDRESS _____

ADDRESS AT TIME OF COURSE _____

DRIVER LICENSE _____

COURSE LOCATION _____

1.) COMPLETE THIS FORM

2.) MAIL THIS FORM TO:

**Department of Transportation
Highway Safety Office
P. O. Box 317546
Newington, CT 06131-7546**

All cards will be processed within 14 business days of receipt.