



**INSTRUCTIONS**

1. All applicants complete parts 1, 2, and 4.
2. Type/print clearly in ink.
3. Part 3 completed and signed by A, V and S applicants only.
4. Submit all documents listed in Part 4 (depending on residency) and sign. All documents must be submitted or your application CANNOT be processed.

**PART 1**

|  |                               |                    |  |                           |
|--|-------------------------------|--------------------|--|---------------------------|
| 1. APPLICANT'S NAME (Last, First, Middle Initial)  |                               | 2. GENDER<br>M F X | 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<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D   | 11. OPERATOR'S LICENSE NUMBER |                    | 12. DAYTIME NUMBER<br>( )  |                           |
| 13. SELECT TYPE OF ENDORSEMENT YOU ARE APPLYING FOR:<br><input type="checkbox"/> SCHOOL BUS (S) <input type="checkbox"/> STUDENT TRANSPORTATION (V) <input type="checkbox"/> ACTIVITY VEHICLE (A) <input type="checkbox"/> TAXI LIVERY SERVICE BUS (F) |                               |                    |  |                           |
| <b>IMPORTANT:</b> 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: Required to receive service code for fingerprinting.   |                               |                    |  |                           |

**PART 2**

| QUESTION   | YES<br>(✓) | NO<br>(✓) | EXPLANATION  |
|--|------------|-----------|--|
| 15. Have you lived in another state or country during the past five years?   |            |           | IF "YES", WHAT STATE(S) OR COUNTRY?<br><br>(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?<br><br>(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?                                    |            |           | <p><b>IF YOU INDICATE YES TO QUESTIONS 18-20 YOU MUST ATTACH A STATEMENT EXPLAINING THE CIRCUMSTANCES</b></p> <p>Medical Examiner Certificate (Form MCSA-5876) with a exam date within 90 days</p> |
| 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 (A, V and S applicants only)**

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

**OUT** Residents (more than 5 years)

Medical Examiner Certificate (Form MCSA-5876) with a exam date within 90 days     DCF-3031 (A, V and S endorsements)  
 Copy of your valid CT license     Signed Privacy Statements (both)  
 National Sex Offender Check, for more information go to: <http://www.nsopw.gov>

**IN** Residents (less than 5 years)

All of the above documents, plus  
 Certified criminal and driving history for any out-of-state/country

|                                   |  |                                    |                    |
|-----------------------------------|--|------------------------------------|--------------------|
| <b>CERTIFICATION BY APPLICANT</b> | 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. | <b>SIGNATURE OF APPLICANT</b><br>X | <b>DATE SIGNED</b> |
|-----------------------------------|--|------------------------------------|--------------------|



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

**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 DMV.

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

1. Copy of DCF-3031 (A, V and S applicants only)
2. Application for Public Passenger Endorsement (R-7). **Make sure it's signed and dated.**
3. A copy of Medical Examiner Certificate Form - MCSA-5876, the exam date on the certificate must be within 90 days of applying for the endorsement. It must be uploaded to DMV Medical Portal - [cdlmedcert.ct.gov](http://cdlmedcert.ct.gov)
4. 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.
5. Copy of your valid Connecticut license
6. Signed privacy agreements  
Applicants who have held a Connecticut license less than 5 years must also submit:
7. 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.

The above forms should be **mailed** to:

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

**All applicants must pre-enroll online for a criminal background check. Upon receipt of application and signed privacy statements you will receive an email with a service code to pre-enroll for fingerprinting.**

**To pre-enroll for fingerprinting for the criminal background check please use the link below:**

**<https://ct.flexcheck.us.idemia.io/cchrspreenroll>**

**There is a fee of 88.25 payable by credit card at the time of pre-enrollment.**

**All prints will be submitted electronically (live scan) or must be mailed in with applicant tracking # directly to:**

**DESPP  
1111 Country Club Rd.  
Middletown, CT 06437**

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.

Requesting Entity: DEPARTMENT OF MOTOR VEHICLES

### FBI 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 regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**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.

As of 03/30/2018

*Note: This privacy act statement is located on the back of the FD-258 fingerprint card.*

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

This document must be retained by the Entity.

# Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: DEPARTMENT OF MOTOR VEHICLES

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 employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.** <sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. <sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- 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 employment, license, or other benefit based on information in the FBI criminal history record.
- 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 <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- 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 by submitting a request via <https://www.edo.cjis.gov>. 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.)
- 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. <sup>3</sup>

Updated 11/6/2019

If you need additional information or assistance, please contact:

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

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

**This document must be retained by the Entity.**

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Connecticut Department of Children and Families  
**AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)**

DCF-3031  
 7/2022 (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 for (check one):  
 Employment    Day Care    Volunteer    Intern    Mentor    Other

I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.

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

I submit the following information to assist the Department of Children and Families in their search.

|                                      |  |                       |       |         |        |   |  |
|--------------------------------------|--|-----------------------|-------|---------|--------|---|--|
| Applicant Last Name:                 |  | Applicant First Name: |       | Middle: |        | DOB:  |  |
| Applicant Address: (No. and Street): |  | Apt. #                | City: |         | State: | Start date at current address: (dd/mm/yyyy) |  |

List all previous applicant addresses for the last five years  Check if an additional sheet is necessary, and attached

| Address (No. and Street): | Apt. # | City: | State: | Zip: | Dates From:<br>(dd/mm/yyyy) | To<br>(dd/mm/yyyy) |
|---------------------------|--------|-------|--------|------|-----------------------------|--------------------|
|                           |        |       |        |      |                             |                    |
|                           |        |       |        |      |                             |                    |
|                           |        |       |        |      |                             |                    |

Other names I have used (including preferred names, maiden, and previous marriages)  Check if an additional sheet is necessary, and attached

|            |  |             |  |              |  |
|------------|--|-------------|--|--------------|--|
| Last Name: |  | First Name: |  | Middle Name: |  |
|            |  |             |  |              |  |
|            |  |             |  |              |  |
|            |  |             |  |              |  |

Names of ALL children - biological/step (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:  |
|------------|-------------|---------|------|--|
|            |             |         |      | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |
|            |             |         |      | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |
|            |             |         |      | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |

This authorization will expire 180 days after the date of the signature

|                      |       |
|----------------------|-------|
| Applicant Signature: | Date: |
|                      |       |

Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact [bgc.verification@ct.gov](mailto:bgc.verification@ct.gov).

For questions or support, please contact the Background Check Unit at [bgc.verification@ct.gov](mailto:bgc.verification@ct.gov).