

**NOTIFICATION OF DRIVING
SCHOOL INSTRUCTORS
R-411 New 9-22**

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION AND TESTING UNIT
60 STATE STREET, WETHERSFIELD, CT 06161



INSTRUCTIONS:

1. Complete Section 1.
2. Complete Section 2 by selecting type of notification being made.
3. Complete Section 3 with the instructor information.
4. Complete Section 4 Certification.

SECTION 1

NAME OF SCHOOL	LICENSE NUMBER
MAIN ADDRESS OF SCHOOL	
CONTACT PERSON	E-MAIL

SECTION 2

TYPE OF NOTIFICATION:

RENEWAL UPDATE **NEW HIRE** **REMOVAL OF INSTRUCTOR**

SECTION 3

Please list the following information for all instructors employed by your Driving School. All instructors employed at CT Driving Schools must be licensed with the State of CT Department of Motor Vehicles.

LAST NAME	FIRST NAME	ADDRESS	
LICENSE NUMBER	LICENSE EXPIRATION	DATE OF HIRE	DATE OF SEPARATION <i>(If Applicable)</i>
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SECTION 4 - CERTIFICATION BY APPLICANT

The information provided to the Commissioner of Motor Vehicles on this form is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement that I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above referenced laws.

SIGNATURE X	PRINT NAME	TITLE	DATE SIGNED
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