

**APPLICATION FOR UNDER 21  
STATEMENT REMOVAL  
CI-3 Rev. 11-2018**

**STATE OF CONNECTICUT  
DEPARTMENT OF MOTOR VEHICLES**



**INSTRUCTIONS:**

1. Applicant must complete and sign. Type or print clearly.
2. Applicant must submit \$5.00 fee.  
(check or money order made payable to: DMV)  
Mail to: DMV Centralized Issuance Operations Unit  
60 State Street  
Wethersfield, CT 06109

OPERATOR DRIVER LICENSE NUMBER

**NO CHANGES CAN BE MADE TO CREDENTIAL  
WITH THIS FORM. (e.g. Name, Address, etc)**

OPERATOR'S NAME *(Last, First, Middle)*

DATE OF BIRTH

E-MAIL ADDRESS

RESIDENT ADDRESS

*(Number & Street)*

*(City or Town)*

*(State)*

*(Zip Code)*

MAILING ADDRESS *(If different from residence address)*

*(Number & Street)*

*(City or Town)*

*(State)*

*(Zip Code)*

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, 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 OPERATOR

DATE SIGNED

**X**