

**SPECIAL OPERATORS
PERMIT APPLICATION**

MD-1 Rev. 9-19

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
60 STATE STREET, WETHERSFIELD, CT 06161-1013
TELEPHONE: (860) 263-5720
On The Web At: ct.gov/dmv



INSTRUCTIONS:

1. Please print or type
2. A \$100.00 non-refundable application fee in the form a check, money order or online payment must accompany each request for a permit. Check or money order payable to DMV, online payments can be made at ct.gov/dmv
3. Completed application can be submitted by mail to the address indicated above, or scanned as a PDF attachment and e-mailed to dmvsuspension@ct.gov

YOUR OFFICIAL DRIVING RECORD WILL BE REVIEWED AS PART OF THIS APPLICATION.

PART 1. APPLICANT INFORMATION

NAME OF APPLICANT			DATE OF BIRTH	STATE/OPERATOR LICENSE NUMBER	
MAILING ADDRESS	(Number and Street)	(City or Town)	(State)	(Zip Code)	PRIMARY TELEPHONE NUMBER
RESIDENT/NON-PERMANENT ADDRESS	(Number and Street)	(City or Town)	(State)	(Zip Code)	E-MAIL ADDRESS

INABILITY TO CONFIRM INFORMATION MAY RESULT IN THE DENIAL OF YOUR SPECIAL OPERATOR'S PERMIT.

NOTICE: Your operator's license is under suspension. If you operate any motor vehicle outside of the authorized hours, you may be subject to arrest. If you operate a motor vehicle for a purpose not authorized by law, a law enforcement officer may make a report to the Commissioner of Motor Vehicles and you will be subject to a civil penalty of up to \$500.00. If your operator's license is suspended for another reason while you are in possession of this permit, the permit is revoked and if you thereafter operate a motor vehicle you will be subject to double the license suspension penalties imposed by law. If you alter or make improper use of the permit, you will be subject to criminal penalties and the permit may be revoked.

RELEASE OF INFORMATION: I hereby grant permission for DMV to discuss my employment, school enrollment or medical information provided on this form with the individual, institution, or medical provider listed.

APPLICANT OATH: I swear or affirm under penalty of false statement in accordance with Connecticut General Statute §14-110 and §53a-157b, and subject to penalties for perjury for a deliberate false statement, that the information here in and any attachment hereto is true and correct.

PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE SIGNED
	X	

Please select each permit you are applying for.

Please note a non-refundable \$100.00 fee is required for each type of permit you are applying for (work, school or medical)

- WORK**
1. Complete "Part A: Special Permit to Operate a Motor Vehicle for Work" on page 2.
 2. You must indicate days and hours of employment. If you do not work the same schedule each week, indicate the earliest starting time and latest ending time of each given day.
 3. If you are self-employed include business name and legal proof of self-employment (i.e. Secretary of State filing)
 4. If you have more than one place of employment, each employer must complete a separate application on page 2.
- SCHOOL**
1. Complete "Part B: Special Permit to Operate a Motor Vehicle for Higher Education or Private Occupational School" on page 2.
 2. Attach a certified copy of your class and examination schedule clearly identifying the days, hours and geographic locations. Attach additional information as necessary.
 3. This permit will only be valid for classes and examinations at an accredited institution of higher learning or private occupational school.
- MEDICAL**
1. The medical provider must complete "Part C: Special Permit to Operate a Motor Vehicle for On Going Medical Treatment" on page 2.
 2. If the treatment is at a facility other than your medical provider's office, the name, address and phone number of that facility must be indicated.
 3. If you have more than one treatment facility, your medical provider must complete a separate application on page 2 for each facility.

Is public or alternative transportation available from your residence to your work, school, or medical locations? YES NO

What significant hardship(s) will you suffer without a Special Operator's Permit?

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What efforts have you made to obtain other transportation?

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DMV USE ONLY

PENDING: PENDING CODE: _____ DENIED: DENIAL CODE: _____

AUTHORIZED DMV SIGNATURE	PRINTED NAME	DATE

LICENSE NUMBER: _____

A. SPECIAL PERMIT TO OPERATE A MOTOR VEHICLE FOR WORK

NAME OF EMPLOYER <i>(If self-employed, include business name and legal proof of self-employment)</i>			OCCUPATION
MAILING ADDRESS <i>(Number and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>

DAYS AND HOURS OF EMPLOYMENT <i>(Specify A.M. or P.M.)</i>			What is the distance and the commuting time from your residence to your place of employment?
MON. _____	WED. _____	FRI. _____	
TUE. _____	THU. _____	SAT. _____	DISTANCE
		SUN. _____	TIME

INABILITY TO CONFIRM YOUR EMPLOYMENT MAY RESULT IN DENIAL OF YOUR SPECIAL OPERATOR'S PERMIT.

PRINTED NAME OF SUPERVISOR	SIGNATURE OF SUPERVISOR	PRINTED JOB TITLE OF SUPERVISOR	WORK TELEPHONE
	X		()

B. SPECIAL PERMIT TO OPERATE A MOTOR VEHICLE FOR HIGHER EDUCATION SCHOOL

INSTITUTION OF HIGHER LEARNING INFORMATION

NAME	STUDENT IDENTIFICATION NUMBER
ADDRESS <i>(Number and Street)</i>	<i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>

Attach a certified copy of your class and examination schedule clearly identifying the days, hours and geographic locations. This information may be confirmed with the registrar. Attach additional information as necessary.

Start date of classes or examinations	/	/	End date of classes or examinations	/	/
What is the distance and the commuting time from your RESIDENCE to your school?					
What is the distance and the commuting time from school to your WORK? <i>(if applicable)</i>					

REGISTRAR OATH: I swear or affirm under penalty of false statement in accordance with Connecticut General Statutes §14-110 and §53a-157b, and subject to penalties for perjury for a deliberate false statement, that the above named applicant is enrolled in this institution of higher education or private occupational school and the certified class and examination schedule information is true and correct.

PRINTED NAME OF REGISTRAR OR DESIGNEE	SIGNATURE OF REGISTRAR OR DESIGNEE	TITLE OF PERSON CONFIRMING SCHEDULE	TELEPHONE NUMBER
	X		

C. SPECIAL PERMIT TO OPERATE A MOTOR VEHICLE FOR ON GOING MEDICAL TREATMENT

PART C TO BE COMPLETED BY MEDICAL PROVIDER

NAME OF MEDICAL PROVIDER	PHONE NUMBER OF MEDICAL PROVIDER
ADDRESS OF MEDICAL PROVIDER <i>(Number and Street)</i> <i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>	()
NAME OF MEDICAL FACILITY <i>(Treatment Location)</i>	MEDICAL LICENSE NUMBER
ADDRESS OF MEDICAL FACILITY <i>(Number and Street)</i> <i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>	STATE NUMBER
	PHONE NUMBER OF MEDICAL FACILITY
	()
	NUMBER OF TREATMENTS PER WEEK

The applicant's treatment and/or medical condition does not impair the applicant's ability to drive both before and after treatment. <input type="checkbox"/>	DURATION OF EACH TREATMENT
	HOURS MINUTES

I certify that I have personally examined this patient within the 90 days preceding the completion of this report. I swear or affirm under penalty of deliberate false statement in accordance with Connecticut General Statutes §14-110 and §53a-157b, that the above information and any attachment hereto is true and correct, that the treatment is essential to maintain the life or health of the patient, failure to provide treatment could adversely affect the patient's condition and necessitates travel to a medical facility one or more times per week.

MEDICAL PROVIDER'S NAME	MEDICAL PROVIDER'S SIGNATURE	SPECIALTY
	X	