



# STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

60 STATE STREET WETHERSFIELD, CONNECTICUT 06161

On The Web At [ct.gov/dmv](http://ct.gov/dmv)



## AFFIDAVIT

Instructions: To report an operator who may be unable to safely operate a motor vehicle, the following Affidavit must be completed in its entirety and returned to the address noted below.

I, \_\_\_\_\_, being duly sworn, have serious concerns about the ability of:  
(Print your name)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print name)

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

to safely operate a motor vehicle, due to his/her medical condition. This Affidavit is based upon my personal observation and is made under oath and subject to penalty of false statement.

Briefly describe the incident(s) which caused you to file this Affidavit:

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Do you have a relationship with the operator you are reporting? ☐ No ☐ Yes If yes, what is your relationship?

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Are you aware of any medical condition(s) which may adversely affect this operator's ability to safely operate a motor vehicle?  
☐ No ☐ Yes If yes, please explain:

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

YOUR SIGNATURE	ADDRESS	CITY/STATE/ZIP CODE
PRINT NAME	TELEPHONE NUMBER ( )	DATE

Subscribed and sworn to, before me, the undersigned officer, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Commissioner of the Superior Court, Juris No.: \_\_\_\_\_

Notary Public, My Commission Expires \_\_\_\_\_ /Notary Seal

Please mail this Affidavit to: Department of Motor Vehicles, Driver Services Division, 60 State Street, Wethersfield, CT 06161-2525.

The Affidavit will be reviewed to determine if any further action is required.

NOTE: THIS FORM IS SUBJECT TO DISCLOSURE TO THE LICENSEE