

**APPLICATION FOR WITHHOLDING
OF RESIDENT ADDRESS**

E-224 REV. 8-2011

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
REGISTRATION BUSINESS PROCESSING UNIT

On the web at: ct.gov/dmv



INSTRUCTIONS:

1. Submit completed application to address below, with photocopy of credential demonstrating official status (example, copy of employee ID).
2. You may only withhold an address on your license and on any vehicle/vessel that you are registered owner of. Business address is placed on DMV record.
3. DMV will mail a copy to your resident address when the change is made. All future mailings will be sent to your business address.
4. Submit another application if there is any change in the information (example, new registration) or if you no longer qualify (change of official status).

MAIL TO: Mail Operations - CA Unit, Department of Motor Vehicles, 60 State Street, Wethersfield, CT 06161-5001

APPLICATION INFORMATION	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> NO LONGER QUALIFY				
	IF APPLICATION CHANGE, SPECIFY THE NATURE OF THE CHANGE				
APPLICANT INFORMATION	NAME OF BUSINESS ORGANIZATION OR DEPARTMENT		APPLICANT'S DATE OF BIRTH	BUSINESS E-MAIL ADDRESS	
	NAME OF APPLICANT		BUSINESS TELEPHONE NO.		
	BUSINESS ADDRESS (Number and Street)		APPLICANT'S OFFICIAL TITLE		
	(City or Town)	(State)	(Zip Code)	APPLICANT'S HOME PHONE NUMBER	
	RESIDENT ADDRESS (Confidential)	Number and Street	City or Town	State	Zip Code
	OFFICIAL STATUS OF APPLICANT (You must check one below to qualify) <ul style="list-style-type: none"> <input type="checkbox"/> Federal Court Judge <input type="checkbox"/> Federal Court Magistrate <input type="checkbox"/> Judge of the Superior, Appellate or Supreme Court of Connecticut <input type="checkbox"/> Member of Police Department Municipality of _____ <input type="checkbox"/> Member of State Police, Department of Public Safety <input type="checkbox"/> Department of Corrections Employee <input type="checkbox"/> Attorney who represents or has represented the state in criminal prosecution <input type="checkbox"/> Member or Employee of Board of Pardons and Parole <input type="checkbox"/> Judicial branch employee regularly engaged in court ordered enforcement or investigation activities. (e.g. Adult /Juvenile Probation Officer, Support Enforcement Officer, Family Relations Counselor, Victim Service Advocate) <input type="checkbox"/> Inspector employed by the Division of Criminal Justice <input type="checkbox"/> State Referee, as defined in Section 52-434 C.G.S. <input type="checkbox"/> Federal law enforcement officer who works and resides in Connecticut. <input type="checkbox"/> Lake Patrolman appointed pursuant to subsection (a) of Section 7-151(b) engaged in boating law enforcement 				
SUPERVISOR'S CERTIFICATION	I certify, under penalty of false statement, that the above applicant qualifies for Withholding of Resident Address on DMV records per Section 14-10(e) of the Connecticut General Statutes and the applicant requires the added protection of such withholding as a direct result of the applicant's job duties. The information provided to the Commissioner of Motor Vehicles herein, is subscribed by me, the undersigned, under penalty of false statement, in accordance with provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand 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.				
	NAME OF APPLICANT'S SUPERVISOR (Please print clearly)		TITLE OF SUPERVISOR		
	SIGNATURE OF APPLICANT'S SUPERVISOR		DATE SIGNED	SUPERVISOR'S PHONE NO.	
REGISTRATION(S) IN NAME OF APPLICANT (Do NOT include leased vehicles)	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	
	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	
	REGISTRATION PLATE NUMBER	REGISTRATION CLASS	VESSEL REGISTRATION NUMBER		
I certify under penalty of false statement that the information furnished is true and accurate. I hereby request under subsection (e) of Section 14-10 of the Connecticut General Statutes that my resident address as given above be withheld from public inspection on all DMV records pertaining to my Connecticut operator's license and/or registration(s) specified. I will submit another application, if the information specified above changes, or if I no longer qualify for withholding of my resident address due to change in official status. The information provided to the Commissioner of Motor Vehicles herein, is subscribed by me, the undersigned, under penalty of false statement, in accordance with provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand 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.					
APPLICANT'S SIGNATURE		CT OPERATOR LICENSE NO.	EMPLOYEE OR BADGE NO.	DATE SIGNED	
DMV USE ONLY	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		REVIEWED BY:	DATE OP KEYED/KEYIST'S INITIALS	DATE REG KEYED/KEYIST'S INITIALS