## **DRIVER EDUCATION SUPPLIES REQUEST**

R-319 REV. 6-2009

## STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

Driver Education Unit 60 State Street, Wethersfield, CT 06161

## **INSTRUCTIONS:**

- 1. Bear down hard with ball point pen when completing this form.
- 2. Certificate book (CS-1) will be mailed directly to the driving, secondary, or vocational school address that is listed below.
- 3. Forward your request to the DMV at the above address at least thirty (30) working days in advance.

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		SIGNATURE (Owner, Instructor, or Teacher)		DATE OF REQUEST			
X							
NAME OF SCHOOL/AARP UNIT SCHOOL LIC		NSE NUMBER (If applicable)		SCHOOL TELEPHONE NUMBER			
ADDRESS	(Number and Street) (City of		r Town) (State)		(Zip Code)		
* NOTE - FO	DR COMMERCIAL, SECONDARY	, OR VOCATIO	NAL SCHOOLS. The	CS-1 will be ma	ailed to the school a	address indicated	
		DRI	VING SCHOOLS ONLY	,			
FORM NUMBER	NAME OF FORM		AMOUNT REQUESTED	DMV USE ONLY  AMOUNT SENT BY DMV INITIALS (D.E. Unit		Y INITIALS (D.E. Unit)	
*CS-1	Driver Education Certificate Commercial/Secondary Dr						
			ALL SCHOOLS			•	
FORM NUMBER	NAME OF FORM		AMOUNT REQUESTED		DMV USE ONLY AMOUNT APPROVED BY DMV		
B-142	Organ Donor Flyer						
R-17	Road Signs						
R-217	Connecticut Motorcycle Manual						
R-229	Application for Connecticut Driver's License						
R-279	Road Test Evaluation Report						
R-319	Driver Education Supply Request						
OTHER SUPPLIES							
OTHER SUPPLIES							
OTHER SUPPLIES							
DEU APPROVAL/SIGNATURE LINE							

DISTRIBUTION: White - Fiscal Canary - Returned to School Pink - Driver Education Unit