

DRIVING SCHOOL BRANCH LOCATIONS

R-94B New 7-2021

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION AND TESTING UNIT
60 STATE STREET, WETHERSFIELD, CT 06109



INSTRUCTIONS:

1. Complete Sections 1-3

SECTION 1 - MAIN LOCATION INFORMATION

NAME OF DRIVING SCHOOL	DRIVING SCHOOL LICENSE NO.
MAIN ADDRESS OF DRIVING SCHOOL	
TOTAL NUMBER OF BRANCH LOCATIONS	DATE FORM IS BEING COMPLETED

SECTION 2 - BRANCH LOCATION INFORMATION

For each location which business is being conducted please provide the following information (fill-out multiple sheets if necessary)

STREET ADDRESS (City or Town) (Zip Code)

PHONE MANAGER OF LOCATION (Last name, First name)

E-MAIL ADDRESS

PHONE NUMBER HOURS OF LOCATION

STREET ADDRESS (City or Town) (Zip Code)

PHONE MANAGER OF LOCATION (Last name, First name)

E-MAIL ADDRESS

PHONE NUMBER HOURS OF LOCATION

STREET ADDRESS (City or Town) (Zip Code)

PHONE MANAGER OF LOCATION (Last name, First name)

E-MAIL ADDRESS

PHONE NUMBER HOURS OF LOCATION

SECTION 3 - CERTIFICATION BY APPLICANT

The information provided to the Commissioner of Motor Vehicles on this form is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement that I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above referenced laws.

SIGNATURE DATE SIGNED

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