



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
287 West Street
Rocky Hill, CT 06067



INSTRUCTIONS

APPLICATION FOR VETERANS FLAG ON CONNECTICUT DRIVER'S LICENSE OR IDENTITY CARD

Use this form to apply to add a Veterans Flag to your existing Connecticut driver's license or identity card. Applications must be received no later than 30 days prior to the expiration date of your license.

VETERANS FLAG ON CONNECTICUT DRIVER'S LICENSE OR IDENTITY CARD

PURPOSE: In accordance with Public Act No. 11-68, all Connecticut veterans with qualifying service, listed below, are eligible to receive the veteran flag identifier on their driver's license or identity card.

ELIGIBILITY: In order to receive the veteran flag identifier on an existing Connecticut driver's license or identity card, the veteran must submit the following:

1. Documentary proof of qualifying military service (90 or more days of active federal service, not including initial entry training) DD-214 or pre-1950 WG AGO Discharge certificate.
2. Proof of an honorable discharge, or a discharge under honorable conditions, from military service (or discharge due to injuries received in the line of duty) for the qualifying service. All other discharges will be considered ineligible.

DOCUMENTATION:

1. Completed and signed application form (CTDVA VL-1)
2. Proof of service: DD-214 or other documentation if DD-214 is unavailable, i.e.: VA Certificate of Service

If the name on the DD-214 is different from the veteran's legal name, proof of name change is required; i.e. court decree, marriage certificate etc.

SEND APPLICATIONS & SUPPORTING DOCUMENTATION TO:

**CT DEPARTMENT OF VETERANS AFFAIRS
ATTN: VETERAN'S FLAG ON DRIVER'S LICENSE OR ID CARD
287 WEST STREET
ROCKY HILL, CT 06067**

FAX: 860-616-3562

VETERANS TOLL FREE INFO LINE: 866-928-8387



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DVA VL-1

APPLICATION FOR VETERAN'S FLAG ON DRIVER LICENSE OR IDENTITY CARD

1. SERVICE MEMBER'S PERSONAL INFORMATION (All Applicants Must Complete This Section)

Date of Birth (mm/dd/yyyy) 9 Digit CT Driver's License or Identity Card Number

 Last Name First Name Middle Initial

 Mailing Address Street Address (if different from mailing address)

 City State Zip Code

 Primary Phone Number Secondary Phone Number Email

ALL APPLICANTS MUST SUBMIT DOCUMENTATION WITH THIS APPLICATION TO VERIFY MILITARY SERVICE AND STATE RESIDENCY

2. INFORMATION VERIFICATION, ACCESS & RELEASE AUTHORIZATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)

STATEMENT OF CONFIDENTIALITY:

This application required supporting documentation and access to your military records which are the primary means of determining your eligibility to qualify for the CT veterans' identifier. Disclosure of the requested information is voluntary. However, failure to provide the requested information or access thereto may result in the inability to verify eligibility based on the lack of sufficient information. Unverified eligibility will result in the denial and return of this application. By submitting this form, I understand that the Department of Veterans Affairs will certify me for the veterans' identifier on the CT Driver's license or Identity Card. I attest that the information provided on this application is true and correct to the best of my knowledge.

 Signature of Applicant Date Signed

ELIGIBILITY (To be completed by CT Department of Veterans Affairs)

APPROVED _____ INELIGIBLE _____

 SIGNATURE OF CT DVA VERIFICATION OFFICER DATE

Reason for Ineligibility:
 Lack of Documentation _____ Could not verify eligibility _____ Did not have qualifying military service _____
 Veteran was not honorably discharged or received a disqualifying character of discharge _____