

STATE OF CONNECTICUT  
DEPARTMENT OF MOTOR VEHICLES

**Directions:**

1. Submit this sheet with all paperwork either by e-mail, fax, or mail.
2. You will be contacted by DMV as to the results of this review.

**Request for Administrative Review**

I, the undersigned, request that the Department of Motor Vehicles conduct an administrative review concerning my recent application for: (Check One).

Motor Vehicle Registration

Operator's License

CDL Operators License

Other \_\_\_\_\_  
(Please indicate credential applied for)

**Name and contact information:** (Please print or type)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_ Hours of contact: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Reason for review: \_\_\_\_\_

Justification:

List all documents e-mailed, faxed, or mailed below.

E-mail documents to (DMV.diu@ct.gov), fax documents to 860-263-5581, or mail documents to:  
DMV, Attention: Document Integrity Unit, 60 State Street, Wethersfield, CT 06161

Date submitted: \_\_\_\_\_ Signature of applicant:  X  \_\_\_\_\_

**IMPORTANT:** An administrative review takes approximately 5 calendar days to process.