B-58 IND Rev. 10-2019

## STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

D-30 IND NOV. 10-2013	DEPARTMENT OF MOTOR VEHICLES	FOR DMV INTERNAL USE ONLY
		LICENSE/ID CHANGES COMPLETED
Individual Change of Address/Organ & Tissue Donor Status/Voter Registration Application		
Please mail completed form to: DMV Chan	ge of Address Unit, 60 State Street, Wethersfield, CT 06161-1015	REGISTRATION CHANGES COMPLETED

About You		NAME (Last, First, Middle)	BIRTH DATE		
You must provide your	1				
name, license/ID number and birth date.		OPERATOR LICENSE/ID NUMBER  TELEPHONE NUMBER			
		STREET ADDRESS UNIT/APT. #			
Vaur Daaidanaa					
Your Residence Address		CITY STATI	ZIP CODE		
	2	СТ	06		
This must be a Connecticut address.		DMV shares residence address updates with town registrars	k here if you do <b>NOT</b> want your voting address natically updated.		
.,		STREET ADDRESS UNIT/APT. #			
Your Mailing Address					
	3	CITY STATE	ZIP CODE		
If different from your residence address.		SIAIL	Zii GODE		
Tesiderice address.					
Organ and Tissue Donor Status	4	☐ I consent to organ and tissue donation ☐ I no longer wish to be in the donor registry and wish to be in the donor registry			
Va <b>F</b> a:I		If you provide an e-mail address, your registration E-MAIL			
Your E-mail Address	5	renewal notices will <b>only</b> be sent to your e-mail.			
Address		Check here to remove an e-mail address already on file and have your registration renewal reminders sent to you by			
Your Vehicles/Vessels		PLATE/VESSEL NO: ADDRESS			
		PLATE/VESSEL NO: ADDRESS			
STOP!		, = <u>-</u>			
ONII W Earl	6	DI ATTAITOOTI NO ADDDTOO			
<u>DNLY</u> list /ehicles/vessels	Ŭ	PLATE/VESSEL NO: ADDRESS			
garaged somewhere					
other than your new		(List any additional vehicles on a separate sheet and attach it to this form	n.)		
esidence address.		*All vehicles will be changed to your new residence address unless specified here.*			
		SIGNATURE REQUIRED	DATE		
SIGNATURE	X				
DO NOT COMPLETE BE	LOV	V THIS LINE UNLESS YOU WANT TO REGISTER TO VOTE OR CHANGE YO	OUR POLITICAL PARTY AFFILIATION.		
		Are you a citizen of the United States of America? YES NO			
		Will you be at least 18 years of age on or before election day? YES NO  If you checked "NO" in response to either of these questions, do NOT complete below this line as you cannot register to vote.			
		Do you wish to enroll in a political party?			
Voter		■ YES NAME OF PARTY:       □ DEMOCRATIC       □ REPUBLICAN       □ OTHER:         ■ NO I do not wish to enroll in a party at this time and will be registered as UNAFFILIATED.         Note: Declaring a party enables you to vote in the party's primary election, which is open only to party members.         You may later choose to switch enrollment to or from a political party.			
Registration					
Application Section					
	7	LEAVING THIS BOX BLANK WILL AUTOMATICALLY RESULT IN SELECTING "UNAFFILIATED".			
ONLY		VOTER DECLARATION - I swear or affirm under penalty of perjury that:			
ONLY complete this		* I am a U.S. Citizen;  * I am at least 17 years old and will be at least 18 years old on or before election day;  * I live in Connecticut at the address shown above;  * I have not been convicted of a disenfranchising felony, or if so, I am eligible to register to vote.			
section if you would like to apply for voter					
registration or if you					
are already registered					
to vote and want to					
change your political party affiliation.		The information that I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.			
, ,		By signing this Voter Declaration, I am applying to register to vote or changing my existing party affiliation, and I agree to allow the signature from my license record to be used as the signature on my voter registration record.			
		X SIGNATURE FOR VOTER REGISTRATION ONLY**	DATE SIGNED		
		** Voter registrations without signatures will not be processed			