

**VOLUNTARY SURRENDER OR DOWNGRADE
OF OPERATOR LICENSE**

P-147 REV. 8-08

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web at ct.gov/dmv



INSTRUCTIONS:

- Complete the appropriate sections below
- Submit operator license and this form to a DMV branch office

NAME: (Last)	(First)	(Middle)	DATE OF BIRTH	OPERATOR LICENSE NUMBER
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ADDRESS: _____

VOLUNTARY SURRENDER OF LICENSE

I am voluntarily surrendering my operator license for the following reason:

- Insurance Reasons
- Medical Reasons (If the license is submitted for medical reasons per CGS 1-1h(a) applicant may obtain a non-driver identification card at no charge)
- Other (Please explain) _____

VOLUNTARY DOWNGRADE OF LICENSE

I am requesting a downgrade of my operator license for the following reason:

Downgrade from CDL to Lower class CDL or Non-CDL

From: Class _____ Endorsement/Restrictions _____

To: Class _____ Endorsement/Restrictions _____

Reason: _____

Operator may return to previous classification within two years of date of downgrade or license expiration date, whichever is soon, without penalty.

Drop Public Passenger Endorsement:

From: Class _____ Endorsement/Restrictions _____

To: Class _____ Endorsement/Restrictions _____

Reason: _____

Operator may return to previous classification within 60 days of date of downgrade without penalty if required documentation is provided.

SIGNATURE OF OPERATOR _____ DATE: _____

DMV EXAMINER: _____ CLOCK NUMBER _____ DATE: _____

DISTRIBUTION: White - Branch Office Canary - Customer