



STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES

60 State Street, Wethersfield, CT 06161

<http://ct.gov/dmv>



Date: 4/21/2019

CONGRATULATIONS

VIBRANARAYANAN MOHANAPASHYAM

YOU HAVE SUCCESSFULLY SCHEDULED YOUR ROAD TEST APPOINTMENT.

This letter confirms the location, date and time of your road test appointment.

- Please arrive at the testing location on the scheduled date and time accompanied by a licensed driver.
- If you are unable to keep this appointment, you must reschedule or cancel prior to 4/24/2019 to avoid repaying the \$40 test fee.
- If you fail to appear at your scheduled time you will be required to reschedule and repay the \$40 test fee.

BE PREPARED!!

On the date of your road test, you must bring the following:

1. **COMPLETED R229 APPLICATION**, Page 2.
2. **YOUR LEARNER'S PERMIT**: If you have lost your learner's permit, you must bring one form of acceptable ID to apply for a duplicate, and the associated fee payment. ([Visit ct.gov/dmv](http://ct.gov/dmv) for a list of acceptable ID and fee information.)
3. **A PROPERLY REGISTERED AND INSURED VEHICLE**: (DMV does not furnish the vehicle.)
An unlicensed driver cannot test in a rented vehicle.
 - [The vehicle used for the road test must be mechanically safe and pass an evaluation.](#)
 - Common reasons for a failed evaluation include, but are not limited to:
Illegal Tint, Defective Brake Lights (including the Third Brake Light, if equipped), Defective Signal Lights, Defective Seat Belts, Defective Speedometer, and any other defective equipment.
4. **CURRENT REGISTRATION CERTIFICATE** and current **CONNECTICUT INSURANCE CARD**: If using an out of state registered vehicle, the Declaration page of the policy meeting CT minimum insurance requirements of 25/50/25.
5. **DRIVER EDUCATION CERTIFICATE CS-1**: Photocopies are not acceptable. ([Visit ct.gov/dmv](http://ct.gov/dmv) for specific training requirements.)
6. **LICENSE FEE**: ([Visit ct.gov/dmv](http://ct.gov/dmv) for fee information.)
7. **UNDER 18 APPLICANTS**: Your qualified home trainer must appear with their license at the time of your road test to sign attesting that all driver education/practice driving requirements have been fulfilled.

If you fail to comply with the above requirements you will be required to reschedule your appointment.

Appointment Details

PIN:	H4XKPRY2	Fee Paid:	
Date/Day/Time:	4/26/2019 Friday 1:45 PM	Test Fee	Prepaid
Testing Location:	4 Pearson Way, Enfield, CT, 06082	Total	
Authorization Code:		Payment Date:	4/21/2019

You will be notified **by email** in the event your road test appointment is cancelled due to office closure/inclement weather. In these instances, please follow the instructions included in the email you receive in order to reschedule without incurring additional fees.

DMV USE ONLY	<input type="checkbox"/> NEW	<input type="checkbox"/> OUT OF STATE TRANSFER	<input type="checkbox"/> DRIVE ONLY	<input type="checkbox"/> ADD/REMOVE ENDORSEMENT/RESTRICTION	<input type="checkbox"/> EXCHANGE	<input type="checkbox"/> RETEST
--------------	------------------------------	--	-------------------------------------	---	-----------------------------------	---------------------------------

APPLICATION FOR A NON-COMMERCIAL LEARNER PERMIT AND/OR DRIVER LICENSE
R-229 REV. 6-2014

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



INSTRUCTIONS: Complete 1-18, then present

- Required Identification Documents & Proof of Connecticut Residency: see "Acceptable Forms of ID" at ct.gov/dmv
- 16 and 17 year olds: Certificate of Parental Consent Form 2D (if not accompanied by authorized individual)
- Applicable Fees

1. APPLICANT'S NAME (Last, First, Middle, Suffix) MOHANAPASHYAM, VIBRANARAYANAN		2. GENDER <input type="checkbox"/> M <input type="checkbox"/> F	3. DATE OF BIRTH 3/8/1980	4. HEIGHT ft. in.	5. COLOR OF EYES
6. MAILING ADDRESS (No., Street, City or Town, State, Zip Code) 115 WEST RD APT 507, ELLINGTON, CT, 06029		7. RESIDENCE ADDRESS (If different from mailing address)			
8. US CITIZEN? If "NO", list ALIEN REGISTRATION NO. <input type="checkbox"/> Yes <input type="checkbox"/> No	9. CONNECTICUT RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. DO YOU WANT TO BE IN THE ORGAN/TISSUE DONOR REGISTRY? If yes, you are agreeing to be a donor and the designation will be on your license. <input type="checkbox"/> Yes <input type="checkbox"/> No		11. DAYTIME PHONE NO. (732) 401-7592	
12. SOCIAL SECURITY NUMBER		13. LIST ANY OTHER NAMES EVER USED (Alias, Maiden, etc)		14. E-MAIL ADDRESS PHPVIBRA@GMAIL.COM	

QUESTIONS		YES (✓)	NO (✓)		
15. Have you previously failed a driver's license examination in Connecticut?				FAILED <input type="checkbox"/> VISION <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> ROAD	LOCATION DATE
16. Do you now, or have you ever held a Connecticut Learner Permit, License or Non-Driver Identification Card?				PERMIT, LICENSE OR ID NO. (9 digits)	EXPIRATION DATE NO. OF YEARS
17. Do you now, or have you ever held an Operator's License or Identification Card from another state?				STATE DRIVER LICENSE OR ID. NO.	EXPIRATION DATE NO. OF YEARS
18. Is your privilege to operate a motor vehicle suspended or subject to suspension in Connecticut or in any other state?				IN WHAT STATE(S)?	

SELECTIVE SERVICE CONSENT	Section 14-36l of the Connecticut General Statutes requires the Commissioner to transmit my information to the Selective Service System. By signing and submitting this application, I consent to be registered with the Selective Service System, provided I am at least age 16 but under age 26 and meet the criteria for registration in accordance with the Military Selective Service Act. If I am under age 18, I understand that my information will be transmitted to Selective Service but I will not be registered until I reach age 18.	MEDICAL CERTIFICATION <input type="checkbox"/>	I hereby certify that I do not have any health or vision problems or conditions that prevent me from driving safely.
----------------------------------	--	---	--

CERTIFICATION BY APPLICANT	The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.	SIGNATURE OF APPLICANT X	DATE SIGNED
-----------------------------------	---	------------------------------------	-------------

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

PROOF OF IDENTIFICATION	TYPE OF IDENTIFICATION SHOWN	<input type="checkbox"/> I.D. SCANNED FIRST VISIT	EXAMINERS INITIALS	STAMP NO.
--------------------------------	------------------------------	---	--------------------	-----------

FULL LEGAL NAME	If different than entered in name section above (# 1)			
------------------------	---	--	--	--

PARENTAL CONSENT AGE 16 OR 17 ONLY	I hereby request that a learner's permit and/or license be issued to the minor filing this application.	RELATIONSHIP TO MINOR	SIGNED (Authorized Consenter) X	CONSENTER'S LIC. NO. OR OTHER I.D.
---	---	-----------------------	---	------------------------------------

VISION SCREENING RESULTS	VISUAL AID USED <input type="checkbox"/> NONE <input type="checkbox"/> GLASSES/CONTACTS	RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	AGENTS INITIALS	PUNCH NO. AND PUNCH
---------------------------------	--	--	-----------------	---------------------

KNOWLEDGE TEST	<input type="checkbox"/> COMPUTER/AUDIO <input type="checkbox"/> WRITTEN	TEST RESULTS <input type="checkbox"/> WAIVED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	APPLICANTS INITIALS CONFIRMING IDENTIFICATION DOCUMENTS RETURNED	
-----------------------	--	---	--	--

PERMIT	<input type="checkbox"/> ISSUE LEARNER PERMIT <input type="checkbox"/> ISSUE MOTORCYCLE PERMIT	<input type="checkbox"/> ISSUE PERMIT WITH CORRECTIVE LENSES (B-RESTRICTION)	<input type="checkbox"/> ISSUE DRIVE ONLY (Y-RESTRICTION)
---------------	--	--	---

AGENT CERTIFICATION	I hereby certify that I have examined the applicant's identity documents and the test results stated herein are true and correct.	SIGNED (Agent) X	PUNCH NO. AND PUNCH	DATE SIGNED
----------------------------	---	----------------------------	---------------------	-------------

DRIVER TRAINING	CLASSROOM INSTRUCTION	SCHOOL NAME	COMMERCIAL SCHOOL LICENSE NO.	DRIVER EDUCATION CERTIFICATE NO.
	PRACTICE DRIVING	SCHOOL NAME (If same as above print "same")	COMMERCIAL SCHOOL LICENSE NO.	DRIVER EDUCATION CERTIFICATE NO.

HOME TRAINING/ COMMERCIAL TRAINING CERTIFICATION	I hereby subscribe and certify under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes that I understand that if I make a statement, which I do not believe to be true, with the intent to mislead the Commissioner I will be subject to prosecution under the above-cited laws, that I am qualified under Section 14-36, of the Connecticut General Statutes, over 20 years of age, have no suspensions within the previous 4 years and the Applicant has received the required training, including the equivalent of 22 hours classroom training; 40 hours on-the-road instruction; the 8 hours Safe Driver course, including a 2 hour Parent Training, as supported by a parent log and/or driving school certificate.				
	1 Home Training 22 hr class equiv 40 hr on-the-road 8 hr safe driving	2 Comm/Sec and Home 30 hrs class/minimum 8 hr safe driving plus home training 40 hrs on-the-road	3 Comm/Sec Only 30 hrs class 40 hrs on-the-road	SIGNATURE OF INSTRUCTOR (Home Training/Commercial) X	
				OPERATOR LICENSE NUMBER OR SCHOOL LICENSE NUMBER	

ROAD TEST AND LICENSE INFORMATION	<input type="checkbox"/> WAIVED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	SPECIAL EQUIPMENT
--	---	-------------------

AGENT CERTIFICATION	I hereby certify that I have verified the applicant's identity and the test results stated herein are true and correct.	SIGNED (Agent) X	PUNCH NO. AND PUNCH	DATE SIGNED
----------------------------	---	----------------------------	---------------------	-------------