

STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES



ct.gov/dmv

We'd like to hear from you!

Date: 11/19/2022

CONGRATULATIONS

VLAD-VICTOR SILAGY

YOU HAVE SUCCESSFULLY SCHEDULED YOUR LEARNER PERMIT VISION AND KNOWLEDGE TEST APPOINTMENT

ALL DOCUMENTS PRESENTED TO THE DMV MUST BE ORIGINAL OR CERTIFIED COPIES. PHOTOCOPIES WILL NOT BE ACCEPTED.

BE PREPARED. Bring the following REQUIRED documents with you!

Please refer to the document checklist on page 3 or at ct.gov/dmv/RealID for a complete list of acceptable documents to answer 1-5 below.

1.	DENTITY: You must present two forms of identification. At least one of the documents must be from the primary document list.			
	My primary document I will present is:, my 2nd is			
2.	SOCIAL SECURITY NUMBER: You must present one of the following to prove your social security number (SSN): Social Security Card, 1099 or W-2 containing the full number. The 1099 or W-2 will not be used for proof of identity. Non-US Citizens not eligible for a SSN must present proof of ineligibility from the Social Security Administration (SSA). W2 and 1099 must have been issued within 5 years.			
	My social security number verification I will present is: SS Card W2 1099 Proof of ineligibility from SSA			
3.	CONNECTICUT RESIDENCY: You must present two different pieces of mail or electronic mail from two different sources showing your name and Connecticut residence address, dated within 90 days unless stated otherwise on document checklist.			
	My 1st proof of residency I will present is:, my 2nd is			
4.	LEGAL PRESENCE IN THE UNITED STATES: Non U.S Citizens only.			
	My proof of legal presence I will present is:			
5.	NAME CHANGE DOCUMENTS, if applicable: If there have been multiple name changes, you must provide documentation to prove the continuity of the names.			
	My name change document(s) I will present is(are):			
6.	Current non-driver ID, if issued, which must be surrendered. Visit our website at ct.gov/dmv/exchange to verify if you qualify for an Exchange.			
7.	A printout of this appointment confirmation page.			
8.	The completed R229 application, page 2.			
	 Bring your glasses or contact lenses, if needed, for testing. If you fail the vision test you will not be able to proceed to the knowledge test and will be required to reschedule. 			
	• If under 18, parent or legal guardian must accompany you with their identification to sign the parental consent (Legal guardian must present certificate of legal guardianship from the court).			
	O If parent or legal guardian is unable to come with you, you must present a notarized certificate of parental consent form (Form 2-D). This form can be found on our website http://ct.gov/dmv/form2d			
	Study the Connecticut Driver's Manual You will be required to reschedule, wait seven days and repay the test fee if you fail the test			
	• If you fail to comply with the above requirements you will not be allowed to test and must reschedule your appointment.			
	If you fail to appear at your scheduled time you will be required to reschedule and repay the test fee.			
	If you are unable to keep this appointment and reschedule within two days of your appointment date you will be required to repay			

APPOINTMENT DETAILS

9Z9QJL3J Fee Paid: PIN: Learner Permit Prepaid Date/Day/Time: Test Fee 11/30/2022 Wednesday 1:15 PM-Terminal 4 Prepaid Testing Location: Total

the test fee. If you cancel within two days of your appointment date you will not be eligible for a refund of the test fee.

540 Main Avenue, Norwalk, CT, 06851

Authorization Code: Payment Date: 11/19/2022 PIN: 9Z9QJL3J 11/30/2022 Wednesday 1:15 PM 540 Main Avenue, Norwalk, CT, 06851-Terminal 4 \$0.00 □ NEW □ OUT OF STATE □ DRIVE □ ADD/REMOVE □ EXCHANGE □ RETEST APPLICATION FOR A NON-COMMERCIAL STATE OF CONNECTICUT LEARNER PERMIT AND/OR DRIVER LICENSE **DEPARTMENT OF MOTOR VEHICLES** R-229 REV. 6-2014 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 NO FEE LEARNER PERMIT NUMBER DATE OF ISSUE (if not accompanied by authorized individual) US MILITARY Applicable Fees APPLICANT'S NAME (Last, First, Middle, Suffix) 3. DATE OF BIRTH 2. GENDER 5. COLOR OF EYES SILAGY, VLAD-VICTOR \Box M \Box F \Box x | 4/3/1989 6. MAILING ADDRESS (No., Street, City or Town, State, Zip Code) 7. RESIDENCE ADDRESS (If different from mailing address) 139 HAVEMEYER PLACE, B, GREENWICH, CT, 06830 If "NO". list ALIEN REGISTRATION NO. CONNECTICUT DO YOU WANT TO BE IN THE ORGAN/TISSUE DONOR 11. DAYTIME PHONE NO. RESIDENT? REGISTRY? If yes, you are agreeing to be a donor and the designation will be on your Yes X No Yes No Yes No 12. SOCIAL SECURITY NUMBER 13. LIST ANY OTHER NAMES EVER USED (Alias, Maiden, etc) 14. E-MAIL ADDRESS 101-95-5718 **QUESTIONS** YES (🗸) NO (🗸) FAILED LOCATION DATE 15. Have you previously failed a driver's license ☐ VISION ☐ KNOWLEDGE ☐ ROAD examination in Connecticut? PERMIT, LICENSE OR ID NO. (9 digits) EXPIRATION DATE NO. OF YEARS Do you now, or have you ever held a Connecticut Learner Permit License or Non-Driver Identification Card? DRIVER LICENSE OR ID. NO. EXPIRATION DATE STATE NO. OF YEARS 17. Do you now, or have you ever held an Operator's License or Identification Card from another state? IN WHAT STATE(S)? 18. Is your privilege to operate a motor vehicle suspended or subject to suspension in Connecticut or in any other state? 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 I hereby certify that I do not **SELECTIVE MEDICAL** to be registered with the Selective Service System, provided I am at least age 16 but under age have any health or vision **SERVICE** 26 and meet the criteria for registration in accordance with the Military Selective Service Act. If I **CERTIFICATION** problems or conditions that CONSENT am under age 18, I understand that my information will be transmitted to Selective Service but I prevent me from driving safely. will not be registered until I reach age 18. The information provided to the Commissioner of Motor Vehicles herein is SIGNATURE OF APPLICANT DATE SIGNED subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General **CERTIFICATION** Statutes. I understand that if I make a statement which I do not believe to **BY APPLICANT** be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY TYPE OF IDENTIFICATION SHOWN **EXAMINERS INITIALS** STAMP NO. PROOF OF ☐ I.D. SCANNED FIRST VISIT **IDENTIFICATION** If different than entered in name section above (# 1) **FULL LEGAL** NAME I hereby request that a learner's permit | RELATIONSHIP TO MINOR **PARENTAL** SIGNED (Authorized Consenter) CONSENTER'S LIC. NO. OR OTHER I.D. and/or license be issued to the minor CONSENT filing this application. AGE 16 OR 17 ONL\ VISION SCREENING RESULTS AGENTS INITIALS VISUAL AID USED PLINCH NO AND PLINCH ☐ NONE ☐ GLASSES/CONTACTS ☐ PASSED ☐ FAILED RESULTS TEST RESULTS APPLICANTS INITIALS CONFIRMING IDENTIFICATION KNOWLEDGE **DOCUMENTS RETURNED** ☐ COMPUTER/AUDIO ☐ WRITTEN ☐ WAIVED ☐ PASSED ☐ FAILED TEST ISSUE PERMIT WITH CORRECTIVE ISSUE DRIVE ONLY **PERMIT** ☐ ISSUE LEARNER PERMIT
☐ ISSUE MOTORCYCLE PERMIT (Y-RESTRICTION) LENSES (B-RESTRICTION) I hereby certify that I have examined the applicant's identity **AGENT** SIGNED (Agent) PUNCH NO. AND PUNCH DATE SIGNED documents and the test results stated herein are true and CERTIFICATION SCHOOL NAME COMMERCIAL SCHOOL LICENSE NO. DRIVER EDUCATION CERTIFICATE NO. CLASSROOM INSTRUCTION DRIVER COMMERCIAL SCHOOL LICENSE NO. DRIVER EDUCATION CERTIFICATE NO. SCHOOL NAME (If same as above print "same") TRAINING PRACTICE 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 **HOME** TRAINING/ supported by a parent log and/or driving school certificate. OPERATOR LICENSE NUMBER OR COMMERCIAL SIGNATURE OF INSTRUCTOR (Home Training/Commercial) SCHOOL LICENSE NUMBER **TRAINING** Home Training Comm/Sec and Home Comm/Sec Only 30 hrs class/minimum 22 hr class equiv 30 hrs class **CERTIFICATION** 40 hrs on-the-road 40 hr on-the-road 8 hr safe driving plus home training 40 hrs on-the-road 8 hr safe driving SPECIAL EQUIPMENT **ROAD TEST** ■ WAIVED ☐ PASSED ☐ FAILED AND LICENSE NON-COMMERCIAL CLASS ENDORSEMENT | RESTRICTIONS (Circle All Applicable) INFORMATION Q C М В D G R U hereby certify that I have verified the applicant's PUNCH NO. AND PUNCH DATE SIGNED SIGNED (Agent) **AGENT** identity and the test results stated herein are true CERTIFICATION and correct.

REAL ID DOCUMENT CHECKLIST

For Identity Verification

To obtain a new learner permit, driver license or ID card, or to obtain a verified driver license or ID card you will need to provide valid/unexpired, original documents, or certified copies. Out of state learner permits are not transferable.

Photocopies, notarized photocopies, non-certified copies, and damaged or mutilated documents are not acceptable. DMV will scan and store images of all documents.

Two (2) forms of the same identification will not be accepted. If any document presented is in a language other than English, it must be translated by a DMV approved translator.



You must satisfy items 1, 2, 3 and if applicable 4 and 5:			
Toentity: You must present two (2) forms one of the documents must be flist. PRIMARY document list US born US or US Territory Birth Certific (Hospital issued and Puerto Rice not acceptable; foreign place of US Passport or Passport Card Non-US born US Passport or Passport Card Foreign Passport or Passport Card Certificate of Naturalization* Certificate of Naturalization* Certificate of Citizenship* Permanent Resident Card* US Consular Report of Birth Ab FULL LEGAL NAME By law, the full name shown on the legal name and will be printed on your is different than the Primary documents section below. * Subject to Verification using SAVE (See 4. Legal Presence)	ate or Registration of Birth to issued prior to July 1, 2010 birth see Non-US Born) documents (See	SECONDARY document list Out of State US photo driver license US Territory or Canadian photo driver license Out of State US or Canadian issued photo learner permit Connecticut issued non-driver identification card, driver license or learner permit (Your driver license or ID may be required to be surrendered) US Military ID or dependent card with photo Connecticut State Permit to Carry Pistols or Revolvers Military discharge/separation papers (DD-214) Court Order: Must contain full name and date of birth (i.e. name change, adoption, marriage or civil union dissolution) Does not include abstract of criminal or civil conviction Marriage or Civil Union Certificate (certified copy issued by town/city) Pilot's license (issued by the US DOT Federal Aviation Administration) Certified school transcript (school photo ID not acceptable) Social Security Card (Not laminated or metal. 16 and older mus sign) CT Department of Corrections certificate (CN101503) Baptismal certificate or similar document State or Federal Employee Identification with signature and photo and/or physical description with or without date of birth Employment Authorization card Veteran Health Identification Card (VHIC) Federally Recognized Tribal Member ID card DHS Trusted Traveler Cards (Global Entry, NEXUS, SENTRI, FAST)	
2 SOCIAL SECURITY NUMBER: By law, you must present one of Social Security number. The 109 full Social Security number and Security number, not identity. Social Security card W-2 form (issued within 5 years)	9 or W-2 must show your is only for proof of Social	Non-US Citizens not eligible for a Social Security number must present proof of ineligibility from the Social Security Administration.	
□ 1099 (issued within 5 years) 3 CONNECTICUT RESIDENCY: You must provide two (2) differed (2) different sources to prove your connecticut. The documents do postmarked envelope and may be or by email. Both documents must be dated within 90 days (unless be computer generated (typed) □ Postmarked mail (address may bill from a bank or mortgage concard company, doctor or hospitation bank's name and mailing address bank's name and mailing address property or excise tax bill, or so or other pension or retirement a statement and dated within the	bur home is located in not need to include a nave been sent to a P.O. Box ust: ecticut residence address stated otherwise below) be handwritten) mpany, utility company, credit all the second receipt showing the second remployer's name and acial Security Administration innual benefits summary	 □ Medicaid or Medicare benefit statement □ Current valid homeowner's, renter's policy or motor vehicle insurance card or policy dated within the previous 12 months □ Current valid Connecticut motor vehicle registration □ Current motor vehicle loan statement for a motor vehicle registered in your name □ Residential mortgage or similar loan contract, lease or rental contract showing signatures from all parties needed to execute the agreement and dated within the previous 12 months □ Connecticut voter registration card □ Change-of-address confirmation from the United States Postal Service showing your prior and current address (Form CNL107) □ Survey of your Connecticut property issued by a licensed surveyor □ Official school records showing enrollment □ Parents or legal guardian of minor may provide any two of the foregoing documents addressed to the parent residing at same address to prove minor residency, or use their own CT driver license or ID which shows the same address as one of the two required. 	
4 LEGAL PRESENCE IN THE UNIT (Non-US born): Legal status will be verified usir Verification of Eligibility (SAVE) days or more. US Passport or Passport Card I-94 I-551 Stamp in foreign passport Permanent Resident card or Re Employment Authorization card Refugee Travel document F1 requires I-20 and I-94 J1 requires DS2019 and I-94	ng Systematic Alien which may take 10 business	 Non-US Citizens not eligible for a Social Security number must present proof of ineligibility from the Social Security Administration and are not qualified for a verified driver license or ID card. Only US Citizens and Permanent Residents are eligible for a verified driver license or ID card. B1/B2 visitor status is NOT eligible to obtain a CT credential. 	
5 NAME CHANGE DOCUMENTS (i ☐ Marriage or civil union certificate town/city) ☐ Marriage or civil union dissolutic ☐ Probate court name change doc ☐ DHS Petition for Name Change	e (certified copy issued by on cument	If there have been multiple name changes, you must provide documentation to prove the continuity of the names. NOTE: Your new name must verify with Social Security Administration (SSA). Visit the SSA first to change your name. Allow at least 48 hours for SSA update.	