B-58 IND Rev. 12-2017

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

INDIVIDUAL CHANGE OF ADDRESS/VOTER REGISTRATION APPLICATION

INSTRUCTIONS: (Please print in ink or type): You are only required to fill in the sections applicable to your needs.

FOR DMV INTERNAL USE ONLY
LICENSE/ID CHANGES COMPLETED
REGISTRATION CHANGES COMPLETED

Please mail completed form to: DMV Change of Address Unit, 60 State St						CHA	CHANGES COMPLETED	
NAME (Last, First, Middle)				OPERATOR LICI	OPERATOR LICENSE/ID NUMBER		BIRTH DATE	
SIGNATURE X				DATE SIGNED	Т	TELEPHONE NUMBER		
h	NAME, OPERA	OR LICENSE/	ID, BIRTH DATE, AN	D SIGNATURE WILL NO	T BE PROCESSE	<u>ED</u> **		
SECTION 1 - NEW R Unless listed in SECTION residence address for you	ON 3 below, all re			: Address. esidence address will aut	omatically be reas	ssigned by th	e DMV to your new	
Street and if applicable u	nit/apartment num	ber	City			State CT	Zip Code 06	
If you are already a reg (1) If your new resid (2) if your new resid	pistered voter and dence address is idence address is identification.	you do not che n the same city n a different city	/town, your address w //town, this form will b	ess will be changed in you vill be updated with the red e used for voter registration	gistrar in your city/ on in your new city	town; or y/town.		
				s is different from your	residence addre			
Street and if applicable u	nit/apartment num	ber	City			State	Zip Code	
SECTION 3 - CHANG					dence address			
List below the location of any vehicle/boat you DO NOT want the DMV to change to your new residence address. DMV will only send mail to your residence address.								
License Plate or Boat #	Street and if app	icable unit/apart		License Plate or Boat #	Street and if appl	icable unit/ap		
City		State CT	Zip Code 06	City		State CT	Zip Code 06	
License Plate or Boat #	Street and if app	icable unit/apart	ment number	License Plate or Boat #	Street and if appl	icable unit/ap	artment number	
City		State	Zip Code	City		State	Zip Code	
		СТ	06			СТ	06	
SECTION 4 - EMAIL ADDRESS								
Delete Email Address - By checking this box, all future registration renewals will again be printed and mailed to you. New Email Address:								
By checking this bo	ox and entering a		ress, all future registi ill no longer be maile	ration renewals will be e	— electronically ser	nt to you at		
SECTION 5 - ORGAN				<u> </u>				
I consent to organ and tissue donation and wish to be in the donor registry								
SECTION 6 - VOTE	R REGISTRA	TION APPL	ICATION - You r	nust complete SEC	TION 1 above	first.		
* You are registered voter and would like to change your political party affiliation.								
TO REGISTER TO VOTE YOU MUST BE: A United States citizen; at least 18 years of age (by election day); and a resident of Connecticut and the city or town where you are applying to register to vote.								
Are you a citizen of the U	Jnited States of A	merica? 🔲 Y		ou be 18 years of age on		,	YES NO	
		OF PARTY:	DEMOCRATIC		OTHER:			
Do you wish to enroll in a political party?				AT THIS TIME AND WIL	***************************************	ED AS <u>UNAI</u>	FFILIATED	
You may later choose to	switch enrollmer	t to or from a po	olitical party.	ch is open only to party m	embers.			
LEAVING THIS SECTION			W-117600000000000000000000000000000000000					
* I am a U.S. 0		r or attirm ur		• •	hising felony or if	so I am olio	ible to register to voto	
* I am a U.S. Citizen								
signature will not be		X					· · · · · · · · · · · · · · · · · · ·	

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.