

CONFERENCE REQUEST FORM

P-97 REV. 5-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

DRIVER SERVICES DIVISION

On The Web At <http://dmvct.org>

FOR DMV USE ONLY
ARRIVAL TIME

INSTRUCTIONS

1. If you are here to obtain suspension information about yourself, complete Section 1 ONLY.
2. If you are here to obtain information about someone *other than yourself*, complete BOTH Sections 1 and 2.

SECTION 1 <i>(Please print)</i>	NAME <i>(Last, First, Middle Initial)</i>	DATE OF BIRTH <i>(Month, Day, Year)</i>	OPERATOR LICENSE NUMBER
	ADDRESS <i>(Number and Street)</i>	<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>
SECTION 2 <i>(Please print)</i>	NAME <i>(Last, First, Middle Initial)</i>		
	ADDRESS <i>(Number and Street)</i>	<i>(City or Town)</i>	<i>(State)</i> <i>(Zip Code)</i>