

**NOTIFICATION OF DRIVING SCHOOL
INSTRUCTOR AFFILIATION**
R-101 REV. 2-2013

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION UNIT
60 STATE STREET, WETHERSFIELD, CT 06161



CHANGE AFFILIATION **ADD ADDITIONAL AFFILIATION**

Termination of employment cancels license and same should be returned to this office.

No additional fee will be charged if re-employed by same or another commercial driver's school within the calendar year for which the license is issued.

If you transfer to another commercial driver's school, notify this department, submitting this form in duplicate. This office will retain one copy. The second copy will be forwarded to the new employer along with your instructor's license. No instruction may be given by any transferred instructor until such transfer has been approved by the Department of Motor Vehicles. The instructor license indicating a new employer must be in possession.

INSTRUCTOR'S NAME	LICENSE NUMBER
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HOME ADDRESS (Number & Street)	(City or Town)	(State)	(Zip Code)
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END AFFILIATION WITH

ADDRESS (Number & Street)	(City or Town)	(State)	(Zip Code)
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ADD AFFILIATION WITH

ADDRESS (Number & Street)	(City or Town)	(State)	(Zip Code)
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SIGNATURE OF INSTRUCTOR X	DATE SIGNED
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This is to certify that upon approval from the Department of Motor Vehicles, the instructor named in this application will be employed by the indicated commercial driving school holding a currently valid Connecticut Commercial Driver's License.

NAME OF COMMERCIAL DRIVING SCHOOL	TITLE	DATE SIGNED
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DO NOT WRITE BELOW - FOR DEPARTMENT USE ONLY

APPROVED BY	EFFECTIVE DATE
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PLEASE MAIL TO THE ADDRESS LISTED ABOVE