

DRIVER EDUCATION SUPPLIES REQUEST
R-319 REV. 6-2009

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
Driver Education Unit
60 State Street, Wethersfield, CT 06161

INSTRUCTIONS:

1. Bear down hard with ball point pen when completing this form.
2. Certificate book (CS-1) will be mailed directly to the driving, secondary, or vocational school address that is listed below.
3. Forward your request to the DMV at the above address at least thirty (30) working days in advance.

NAME OF OWNER/INSTRUCTOR/TEACHER	AUTHORIZED SIGNATURE (<i>Owner, Instructor, or Teacher</i>) X	DATE OF REQUEST
NAME OF SCHOOL/AARP UNIT	SCHOOL LICENSE NUMBER (<i>If applicable</i>)	SCHOOL TELEPHONE NUMBER
ADDRESS <i>(Number and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>
		<i>(Zip Code)</i>

*** NOTE - FOR COMMERCIAL, SECONDARY, OR VOCATIONAL SCHOOLS. The CS-1 will be mailed to the school address indicated above.**

DRIVING SCHOOLS ONLY

FORM NUMBER	NAME OF FORM	AMOUNT REQUESTED	DMV USE ONLY	
			AMOUNT SENT BY DMV	INITIALS (<i>D.E. Unit</i>)
*CS-1	Driver Education Certificate- Commercial/Secondary Driving School			

ALL SCHOOLS

FORM NUMBER	NAME OF FORM	AMOUNT REQUESTED	DMV USE ONLY
			AMOUNT APPROVED BY DMV
B-142	Organ Donor Flyer		
R-17	Road Signs		
R-217	Connecticut Motorcycle Manual		
R-229	Application for Connecticut Driver's License		
R-279	Road Test Evaluation Report		
R-319	Driver Education Supply Request		

OTHER SUPPLIES	
OTHER SUPPLIES	
OTHER SUPPLIES	
DEU APPROVAL/SIGNATURE LINE	

DISTRIBUTION: White - Fiscal Canary - Returned to School Pink - Driver Education Unit