

APPLICATION FOR VETERAN'S FLAG ON DRIVER LICENSE OR IDENTITY CARD**1. SERVICE MEMBER'S PERSONAL INFORMATION (All Applicants Must Complete This Section)**_____
LAST NAME_____
FIRST NAME_____
MIDDLE INITIAL

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Date of Birth (mm/dd/yyyy)_____
9 Digit CT License or ID Card Number_____
Mailing Address_____
Street Address (if Different)_____
City_____
State_____
Zip Code_____
Primary Phone Number_____
Secondary Phone Number_____
E-Mail Address**ALL APPLICANTS MUST SUBMIT DOCUMENTATION WITH THIS APPLICATION TO VERIFY MILITARY SERVICE AND STATE RESIDENCY****2. INFORMATION VERIFICATION, ACCESS & RELEASE AUTHORIZATION (ALL APPLICANTS MUST COMPLETE THIS SECTION) STATEMENT OF CONFIDENTIALITY:**

This application required supporting documentation and access to your military records which are the primary means of determining your eligibility to qualify for the CT veterans' identifier. Disclosure of the requested information is voluntary. However, failure to provide the requested information or access thereto may result in the inability to verify eligibility based on the lack of sufficient information. Unverified eligibility will result in the denial and return of this application. By submitting this form, I understand that the Department of Veterans Affairs will certify me for the veterans' identifier on the CT Driver's license or Identity Card. I attest that the information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant_____
Date Signed

ELIGIBILITY (To be completed by CT Department of Veterans Affairs)

APPROVED ☐ INELIGIBLE ☐_____
SIGNATURE OF CT DVA VERIFICATION OFFICER_____
DATE

Reason for Ineligibility:

Lack of Documentation _____ Could not verify eligibility _____ Did not have qualifying military service _____

Veteran was not honorably discharged or received a disqualifying character of discharge _____

