APPLICATION FOR WITHHOLDING OF RESIDENCE ADDRESS
E-224 REV. 4-2023

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On the web at: ct.gov/dmv

NOTE: Pursuant to Section 14-10(e) of the Connecticut General Statutes (C.G.S.), this application can only be used by individuals who quality for the withholding of a residence address from the Department of Motor Vehicles' (DMV) records or for individuals who no longer qualify for the withholding of a residence address from DMV's records.

INSTRUCTIONS (NEW/CHANGES TO A RESIDENCE ADDRESS)

1. Complete this application and mail or email it to the address below. The applicant's manager or supervisor must sign the form.
2. You may only withhold your residence address on your driver's license and on any vehicle/vessel registered to you.
3. DMV will email you a confirmation of the address change when the update has been made to your DMV record.
4. The business address provided on this application will appear on your driver's license and your DMV record.
5. For each new vehicle or vessel registered, you must submit a new E-224 Form to ensure that your residence address has been withheld from your new registration.

INSTRUCTIONS (NO LONGER QUALIFY FOR THE WITHHOLDING OF A RESIDENCE ADDRESS)

1. Complete this application and mail or email it to the address below. (Your manager's or supervisor's signature is not required.)
2. DMV will email you a confirmation of the address change when the update has been made to your DMV record.

Upon completion of this form, **email it to: dmv.ciu@ct.gov** *or* **mail it to: ATTN: DMV, Confidential Address Unit, 60 State Street, Wethersfield, CT 06161**.

IF THIS IS A NEW RESIDENCE ADDRESS: **If you are a registered voter, DMV shares residence address updates with town registrars of voters to update your voting address.**

☐ Check here if you **DO NOT** want your voting address automatically updated.

TYPE OF APPLICATION: ☒ **NEW** ☐ **NO LONGER QUALIFY** ☐ **CHANGES** (**CIRCLE ONE:** NEW VEHICLE, ADDRESS CHANGE, OTHER EXPLAIN BELOW)

OTHER _____

APPLICANT INFORMATION

APPLICANT'S DRIVER'S LICENSE NUMBER

APPLICANT'S NAME

APPLICANT'S DATE OF BIRTH

APPLICANT'S OFFICIAL TITLE
State Marshal

APPLICANT'S NAME OF BUSINESS ORGANIZATION OR DEPARTMENT
State Marshal

APPLICANT'S BUSINESS ADDRESS
165 Capitol Ave SM1, Hartford, CT 06106-1659

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APPLICANT'S RESIDENT ADDRESS

APPLICANT'S EMAIL ADDRESS

APPLICANT'S PHONE NUMBER

OFFICIAL STATUS OF APPLICANT: *(YOU MUST CHECK ONE BELOW TO QUALIFY)*

- ☐ FEDERAL COURT JUDGE
- ☐ FEDERAL COURT MAGISTRATE
- ☐ JUDGE OF SUPERIOR, APPELLATE OR SUPREME COURT OF CT
- ☐ POLICE OFFICER AS DEFINED IN SECTION 7-294:
  AGENCY NAME: _____
- ☐ MEMBER OF STATE POLICE
- ☐ MEMBER OF DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
- ☐ DEPARTMENT OF CORRECTIONS EMPLOYEE
- ☐ ATTORNEY WHO REPRESENTS OR HAS REPRESENTED THE STATE IN CRIMINAL PROSECUTION
- ☐ MEMBER OF EMPLOYEE OF BOARD OF PARDONS AND PAROLE
- ☐ JUDICIAL BRANCH EMPLOYEE REGULARLY ENGAGED IN COURT ORDERED ENFORCEMENT OR INVESTIGATION ACTIVITIES. (EX: ADULT/JUVENILE PROBATION OFFICER, SUPPORT ENFORCEMENT OFFICER, FAMILY RELATIONS COUNSELOR, VICTIM SERVICE ADVOCATE)
- ☐ INSPECTOR EMPLOYED BY THE DIVISION OF CRIMINAL JUSTICE
- ☐ STATE REFEREE, AS DEFINED IN SECTION 52-434 C.G.S.
- ☐ FEDERAL LAW ENFORCEMENT OFFICER WHO WORKS AND RESIDES IN CT
- ☐ LAKE PATROLMAN APPOINTED PURSUANT TO SUBSECTION (a) OF SECTION 7-151(B) ENGAGED IN BOATING LAW ENFORCEMENT
- ☒ STATE MARSHALS, PURSUANT TO C.G.S. 14-40 AS AMENDED BY PUBLIC ACT 22-66

MANAGER'S OR SUPERVISOR'S CERTIFICATION

I swear or affirm, under penalty of false statement, that pursuant to Section 14-10(e) of the C.G.S., the above applicant qualifies for the withholding of his/her residence address from DMV's records. Additionally, in accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes, I swear or affirm, under penalty of false statement, that the information contained herein, is true and accurate. I understand that if I make a statement that I do not believe to be true, with the intent to mislead the Commissioner of Motor Vehicles, I may be subject to criminal prosecution under the above cited laws.

NAME OF APPLICANT'S MANAGER/SUPERVISOR *(Please print clearly)*	**TITLE OF MANAGER/SUPERVISOR**

SIGNATURE OF APPLICANT'S MANAGER/SUPERVISOR	**DATE SIGNED**	**MANAGER'S/SUPERVISOR'S PHONE NUMBER**
X		

APPLICANT CERTIFICATION

In accordance with the provisions of Sections 14-110 and 53a-157b of the Connecticut General Statutes, I swear or affirm, under penalty of false statement, that the information contained herein, is true and accurate. I understand that if I make a statement that I do not believe to be true, with the intent to mislead the Commissioner of Motor Vehicles, I may be subject to criminal prosecution under the above cited laws.

SIGNATURE OF APPLICANT	**DATE SIGNED**
X	

REGISTRATION(S) IN NAME OF APPLICANT *(Do NOT include leased vehicles)*

REGISTRATION PLATE NUMBER	**REGISTRATION PLATE NUMBER**	**REGISTRATION PLATE NUMBER**
REGISTRATION PLATE NUMBER	**REGISTRATION PLATE NUMBER**	**REGISTRATION PLATE NUMBER**
REGISTRATION PLATE NUMBER	**VESSEL REGISTRATION NUMBER**	**VESSEL REGISTRATION NUMBER**