

Attestation of Criminal History Record Check

Please initial:

☐ I understand that the granting of a license under CGS 14-69 and/or 14-73 is conditional upon successful completion of the state and national criminal background check and the state child abuse and neglect registry.

☐ I have no reason to believe that a state or national criminal background check will return information that would disqualify my application.

☐ I have no reason to believe that my name will appear on the Connecticut child abuse and neglect registry established pursuant to section 17a-101k of the Connecticut General Statutes.

I certify, under penalty of perjury, that the statements above are true, complete, and accurate to the best of my knowledge and belief. I understand that the willful misrepresentation of any of the information provided will subject me to sanctions, up to and including, the denial of my application for, or suspension or revocation of, my driving school and/or driving or master instructor's license.

Signed (Affiant)		Date
Signed (Notary, Commissioner of Superior Court, Assistant Clerk, other proper officer under section 1-14 of the Connecticut General Statutes)	Print name and title of person signing at the left	Date