



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
 Telephone: (860) 713-6135
 Email: occpromerades@ct.gov
 Web Site: www.ct.gov/dcp

Mechanical Contractor Registration Application

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application **must be accompanied by a check or money order in the amount of \$110.00**, made payable to **"Treasurer, State of Connecticut."** Application fees are non-refundable. All registrations expire annually on August 31st.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

| | | | |
|--|--------------------------------------|--|---|
| Applicant Legal Standing: | | | |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership |
| Name of Applicant (use Corporation, LLC, Partnership or Limited Partnership name if filing as such) | | | |
| Trade (DBA) Name if Applicable | | Name of Owner (if different from applicant) | |
| Street Address | City | State | Zip Code |
| Telephone Number (with area code) | FEIN or SSN (if Sole Proprietor) | Email Address | |
| Mailing Address (if different than above) | City | State | Zip Code |
| Has the applicant, any officer, member or partner of the corporation ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, complete the Criminal Conviction Worksheet available on our web site at www.ct.gov/dcp and attach to this application. | | | |

ORGANIZATIONAL INFORMATION: Please fill out only the section that pertains to your organization.

If Corporation:

| | |
|-----------------------|-----------------------|
| Date of Incorporation | State of Organization |
|-----------------------|-----------------------|

List Names of Officers/Directors

| | |
|------|---------|
| Name | Address |
| Name | Address |
| Name | Address |

If Limited Liability Company, Partnership or Limited Partnership:

List Names of all Members/Partners

| | |
|------|---------|
| Name | Address |
| Name | Address |
| Name | Address |

ATTACHMENTS TO APPLICATION:

- List below the names, addresses, social security numbers, license types and license numbers of all 10 or more employees performing such work. Use additional sheets if necessary.
- Attach a Letter of Good Standing on all taxes from the Department of Revenue Services. The letter must include the applicant's business name and tax number.

| Name and Address | Social Security Number | License Type | License Number |
|------------------|------------------------|--------------|----------------|
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AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths)

The undersigned being duly sworn, upon his/ her oath deposes and says that the foregoing statements to the best of his/ her knowledge and belief are true and made in good faith.

Applicant Title Date

Subscribed and sworn to before me this _____ day of _____ 20_____ Notary Seal

Signature of Notary Public/ Justice of the Peace My Commission Expires