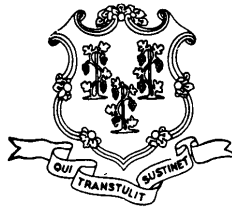


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
**License Services Division**  
 450 Columbus Boulevard, Ste. 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



FOR OFFICIAL USE ONLY

## New Home Construction Contractor– Individual/Sole Proprietor to Legal Entity Change Form

- **DO NOT** use this form to apply for a new registration. This form is used to have a new home construction contractor registration already issued to an individual/sole proprietor changed to the name of a legal entity (Corporation, LLC, LLP, or Partnership). **No fee is required to make this change.**
- After review and approval, you will be issued a new registration card under the name of your legal entity. Your current individual registration can be used until approval is received.
- Prior to submitting this application, you must obtain a Business ID Number from the Connecticut Secretary of the State Commercial Recording Division. Information is available at <https://business.ct.gov>.

### Current New Home Construction Contractor Information:

Current Name on the New Home Construction Contractor Registration	NHC Registration Number
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### Legal Entity Information:

Applicant's Legal Standing: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership			
CT Secretary of the State Business ID Number: _____			
Name of Corporation, LLC, LLP, or Partnership			
Trade (DBA) Name (if different than above)		Have you filed a Trade Name Certificate at the Town Clerk's Office where your business is located? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Necessary	
Business Street Address	City	State	Zip Code
Business Telephone Number	Email Address ( <b>required</b> : approvals and communications will be sent to this address)		
Mailing Address (if different than above)	City	State	Zip Code

### Current/Previous Registrations:

1. Have you or any of the partners, corporate officers or members ever held a CT New Home Construction Contractor's Registration either as an individual or as an officer of owner of a legal entity (LLC, Corp., Partnership, LLP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Registration Number _____
2. Do you hold or have you ever held any construction or home improvement licenses/registration in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what state? _____
3. Do you hold an active CT Home Improvement Contractor's registration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Registration Number _____

### Liability Insurance Information:

All new home construction contractors must hold a minimum of \$20,000 of general liability insurance.

Name of Liability Insurance Provider	Policy Number	Is your policy no less than \$20,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Street Address	City	State	Zip Code

**Worker's Compensation Insurance Information:**

List the name and address of your worker's compensation (if needed) insurance carrier for your new home construction activities:

Name of Worker's Compensation Insurance Carrier			
Business Street Address	City	State	Zip Code

**Ownership Information:**

List all persons associated with ownership to include corporate officers, partners, or members of the LLC or LLP. The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. We cannot process your application without a social security number.

Name of Primary Owner		Title	
Residence Street Address	City	State	Zip Code
Telephone Number	Date of Birth	Social Security Number	Driver's License Number
			State

Name		Title	
Residence Street Address	City	State	Zip Code
Telephone Number	Date of Birth	Social Security Number	Driver's License Number
			State

Name		Title	
Residence Street Address	City	State	Zip Code
Telephone Number	Date of Birth	Social Security Number	Driver's License Number
			State

Please list all other owners on separate sheet.

**Criminal and Administrative History:**

An application will not automatically be denied because of a prior criminal conviction. See CGS Section 46a-80

1. Have you <i>or</i> any of the partners, corporate officers or members had court judgments issued against you as a result of your new home construction contractor activities in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate what state? _____ If yes, please attach a statement of the facts including the disposition.
2. Have you <i>or</i> any of the partners, corporate officers or members had administrative orders (including guaranty fund claims) issued against you as a result of your new home construction contractor activities in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate what state? _____ If yes, please attach a statement of the facts including the disposition.
3. Have you <i>or</i> any of the partners, corporate officers or members ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Criminal Conviction Application Worksheet: <a href="http://www.ct.gov/dcp/conviction">http://www.ct.gov/dcp/conviction</a>
4. Have you <i>or</i> any of the partners, corporate officers or members ever been convicted of a misdemeanor under the Home Improvement Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Criminal Conviction Application Worksheet: <a href="http://www.ct.gov/dcp/conviction">http://www.ct.gov/dcp/conviction</a>

**Statement:**

If you are applying as a Corporation, Limited Liability Company, or Limited Liability Partnership, at least one (1) Corporate Shareholder, LLC or LLP Member must sign. If you are applying as a Partnership, each partner must sign.

<i>I certify, under penalty of law (sec. 53a-157, class a misdemeanor), that the above provided information in this application is the truth to the best of my knowledge. I understand that if this entity has any employees, the entity must carry workers compensation insurance. I understand that any debt and/or obligation that our entity incurs will be personally guaranteed by the owner signing below.</i>	
Signature of Primary Owner Listed Above _____	Date _____