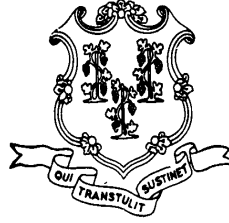


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste. 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Application for Restoration from Retiree Status

- ❖ This form is to be used by any person currently holding a Real Estate Salesperson Retiree Status License.
- ❖ If applicable, you may be required to provide proof of the continuing education requirement for the current renewal cycle.

### Instructions

1. The license number must be entered on this application.
2. The fee to restore your license is **\$578.00**.
3. A completed form with the applicable fee will restore the license to the **current** renewal year. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
4. Your supervising broker must complete the information and sign below (transfer fee is not required).
5. Return this completed application and fee to the above address.

### Applicant Information

Name				
Street Address		City	State	Zip Code
Salesperson License Number	Telephone Number	Email Address		
Have you been convicted of a felony crime since the date of your last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a letter of explanation.				

### Supervising Broker Information

Legal Name of Supervising Broker		Broker License Number		
Street Address		City	State	Zip Code
Signature of Supervising Broker			Date	

### Attestation

*I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided on this application is the truth to the best of my knowledge.*

\_\_\_\_\_  
*Signature of Salesperson*

\_\_\_\_\_  
*Date*