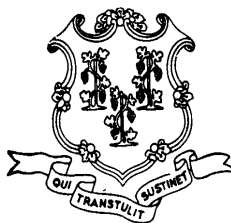


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



Home Improvement Salesperson Change of Employer Form

- **This form can only be used to change an employer or add an employer for an active Home Improvement Salesperson registration.** The registration number must be entered on this form.
- The Employer (Home Improvement Contractor) must authorize and sign this form.
- There is no charge for an employer change or to add an additional employer.
- Return this completed form to the above address.

Check (✓) Type of Change: ☐ Replacement of Current Employer ☐ Additional Employer

Registration Number

Home Improvement Salesperson Registration Number	Expiration Date of Registration

Salesperson Information

Name of Salesperson			
Street Address	City	State	Zip Code
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 statement of explanation.			
<i>I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.</i>			
Signature of Salesperson		Date	

Employer (Home Improvement Contractor) Information

Name of Employer			
Street Address	City	State	Zip Code
Telephone Number	Home Improvement Contractor Registration Number		Expiration Date
<i>I certify that the above named salesperson is authorized to solicit on behalf of the undersigned registered contractor.</i>			
Signature of Home Improvement Contractor		Date	