



State of Connecticut
 Department of Consumer Protection 450
 Columbus Boulevard, Suite 901
 Hartford, CT 06103

Phone: (860) 713-6073 Fax: (860) 622-2608 Email: DCP.PMP@ct.gov



Notarized Identity Verification

Please print this form, have it notarized and return to us by one of the following ways:

- 1) Upload the form and a **copy of your government issued photo ID (driver's license, passport, etc)** into your CPMRS account **or**
- 2) Take a picture of **your notary form and govt. issued ID** and email it to dcp.pmp@ct.gov

The original notarized form must remain in your possession for audit purposes. **Do Not mail-in.**

Print Name: _____
 (First Name, Middle Initial, Last Name)

Address Line: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

I hereby represent that all above information is true and accurate.

Signature: _____
 (Sign in the Presence of a Notary)

State of: _____

County of: _____

I hereby certify that on this _____ day of _____, 20_____

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity:

- Driver's License or Government Identification Card
- U.S. Passport
- Other: _____
 (provide description)

My Commission Expires: _____

Notary Public Seal:

Notary Public Signature: _____