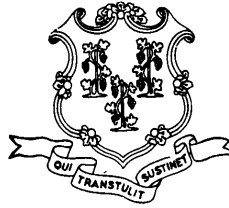


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**

License Services Division  
 450 Columbus Blvd, Suite 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

## Pharmacy Technician Reinstatement Form

- **This form can only be used to reinstate a registration that expired on or after 03/31/2011.** The registration number you wish to reinstate must be entered on this form.
- A total **reinstatement fee of \$60.00 for each one-year period of expiration** must accompany this form. Checks or money orders should be made payable to *"Treasurer, State of Connecticut."*
- Return this completed form with the applicable fee to the above address.
- All registrations expire annually on March 31<sup>st</sup>. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.

### Registration Number

Pharmacy Technician Registration Number to be Reinstated	Expiration Date of Registration

### Applicant Information

Please check (✓) preferred address for mailing: <input type="checkbox"/> Residence <input type="checkbox"/> Pharmacy			
Name			
Residence Street Address		City	State
			Zip Code
Telephone Number	Email Address	Social Security Number	Date of Birth
Has the applicant ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a statement indicating the type(s) of crime(s) for which you were convicted, the date(s) and court(s) where the conviction(s) occurred and a description of the circumstances.			

### Pharmacy Information

Name of License Pharmacy/Institution where Employed		Pharmacy License Number	
Pharmacy Street Address	City	State	Zip Code
Pharmacist Name		Pharmacist License Number	

### Certification

*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.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date