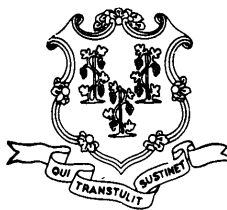


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.productsafety@ct.gov](mailto:dcp.productsafety@ct.gov)



## Renovator of Bedding & Upholstered Furniture License Reinstatement Form

### Instructions:

- A license may be reinstated provided a completed reinstatement form and all applicable fees are submitted **not later than three years after the date of expiration of the license** or you must reapply.
- **The license 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 and money orders should be made payable to *"Treasurer, State of Connecticut."*
- Please note, this license is non-transferable. If there has been a change in ownership, a new application must be submitted. Applications are available on our website at [www.ct.gov/dcp](http://www.ct.gov/dcp).
- All licenses expire April 30<sup>th</sup>. A completed reinstatement form with the applicable fee(s) will reinstate the indicated license to the current renewal year.
- Mail this completed form with the applicable fee(s) to the above address.

License Number to be Reinstated	Expiration Date of License

### Information

Name		
Street Address (Principal Place of Business)		Suite, Bldg, etc.
City		State
Zip Code		
Telephone Number		Email Address to be used for all correspondence
Legal Owner		
Name		
Mailing Address (if different than above)		
Name		
Attention Line (indicate name, department, etc.)		
Street Address or PO Box		Suite, Bldg, etc.
City		State
Zip Code		

### 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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date