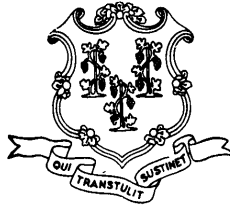


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**For Online Application Use Only**

## **Home Improvement Salesperson Online Registration**

**Instructions:** Please complete all sections on this form and upload to your online application.

### **Salesperson Information**

|                          |                                                 |      |          |
|--------------------------|-------------------------------------------------|------|----------|
| Name of Salesperson      |                                                 |      |          |
| Residence Street Address |                                                 | City | State    |
|                          |                                                 |      | Zip Code |
| Date of Birth            | Email Address to be used for all correspondence |      |          |
|                          |                                                 |      |          |

### **Contractor Information**

|                                                 |                                                 |      |          |
|-------------------------------------------------|-------------------------------------------------|------|----------|
| Name of Contractor                              |                                                 |      |          |
| Street Address                                  |                                                 | City | State    |
|                                                 |                                                 |      | Zip Code |
| Business Telephone Number                       | Email Address to be used for all correspondence |      |          |
|                                                 |                                                 |      |          |
| Home Improvement Contractor Registration Number |                                                 |      |          |
|                                                 |                                                 |      |          |

### **Certification to be completed by Home Improvement Contractor**

|                                                                                                                                                                          |                |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| I certify, under penalty of law (Section 53a-157, Class A Misdemeanor) that the above provided information in this application is the truth to the best of my knowledge. |                |               |
| This is to certify that _____                                                                                                                                            |                |               |
| <i>Name of Salesperson</i>                                                                                                                                               |                |               |
| of _____                                                                                                                                                                 |                |               |
| <i>Residence Address</i>                                                                                                                                                 |                |               |
| is authorized to solicit on behalf of the undersigned registered contractor                                                                                              |                |               |
| _____<br>Signature                                                                                                                                                       | _____<br>Title | _____<br>Date |

### **Statement to be completed by Salesperson**

|                                                                                                                                                                          |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| I certify, under penalty of law (Section 53a-157, Class A Misdemeanor) that the above provided information in this application is the truth to the best of my knowledge. |               |
| _____<br>Signature of Salesperson                                                                                                                                        | _____<br>Date |