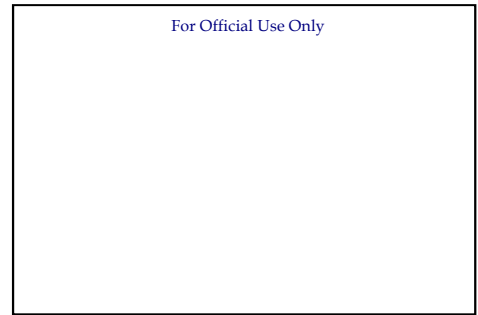
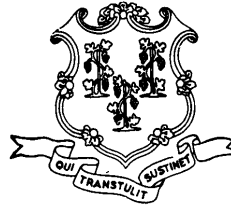


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Home Improvement Salesperson Reinstatement Form

- A registration may be reinstated provided a completed reinstatement form and the fee is submitted **not later than three years after the date of expiration of the registration or you must reapply.**
- The registration number you wish to reinstate must be entered on this form, the questions must be answered and the form must be signed and dated.
- A total **reinstatement fee of \$176.00** must accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
- All registrations expire annually on March 31<sup>st</sup>.
- **Please note, a completed reinstatement form with the applicable fee will reinstate the indicated registration to the current renewal year.**
- Mail this completed form with the applicable fee to the above address.

Home Improvement Salesperson Registration Number to be Reinstated	Expiration Date of Registration

### Salesperson Information

Name of Salesperson to be Reinstated			
Street Address		City	State    Zip Code
Telephone Number	Email Address to be used for all correspondence		
1). 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.			
2). Have any court judgments or administrative orders been issued against you or any person, company or entity that is affiliated with you as a result of your home improvement activities in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, attach a statement of explanation.			
<i>Under penalty of false statement, a class A misdemeanor, I attest that the information provided in this application is the truth to the best of my knowledge.</i>			
_____ Signature of Salesperson		_____ Date	

### Home Improvement Contractor Information

Name of Contractor			
Street Address		City	State    Zip Code
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