



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
 Telephone: (860) 713-6135
 Email: dcp.occupationalprofessional@ct.gov
 To apply online visit: www.ct.gov/dcp/apply

Major Contractor Registration Application

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application **must be accompanied by a check or money order in the amount of \$500.00**, made payable to **“Treasurer, State of Connecticut.”** Application fees are non-refundable. All registrations expire annually on June 30th.

➔ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 450 Columbus Blvd, Ste 801, Hartford, CT 06103

Applicant Legal Standing:			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership
Name of Applicant (use Corporation, LLC, Partnership or Limited Partnership name if filing as such)			
Trade (DBA) Name if Applicable		Name of Owner (if different from applicant)	
Street Address	City	State	Zip Code
Telephone Number (with area code)	FEIN (or SSN if Sole Proprietor)	Email Address	
Mailing Address (if different than above)	City	State	Zip Code
Has the organization ever failed to complete any work awarded to it? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please include a detailed written explanation with this application.			
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against the organization or its officers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please include a detailed written explanation with this application.			
Has the organization filed any law suits or requested arbitration with regards to construction contracts within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please include a detailed written explanation with this application.			
Has the applicant, any partner, or director of the corporation ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the Criminal Conviction Worksheet available on our website at www.ct.gov/dcp and attach to this application.			

TYPE OF WORK: List the categories of work that the organization normally performs with its own forces. Include management and/or supervision as a Major Contractor if applicable.

1)	2)	3)
4)	5)	6)

ORGANIZATIONAL INFORMATION: Please fill out only the section that pertains to your organization.

If Corporation:

Date of Incorporation	State of Organization
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List Names of Officers/Directors

Name	Address
Name	Address
Name	Address

If Limited Liability Company, Partnership or Limited Partnership

List Names of all Members/Partners

Name	Address
Name	Address
Name	Address

THE FOLLOWING ORIGINAL ITEMS, LESS THAN THIRTY (30) DAYS OLD, MUST BE SUBMITTED WITH THE APPLICATION:

1. One **credit** reference letter from the industry (supplier or subcontractor).
2. One **credit** reference letter from a financial institution.
3. Three reference letters from persons familiar with the **knowledge, skills** and **abilities** of the applicant, relating to the performance of the organizations' major contracting services.
4. Evidence that the organization has obtained **general liability insurance** for the safety and welfare of the public; with the **certificate holder to be**, Department of Consumer Protection, 450 Columbus Blvd, Ste 901, Hartford, CT 06103.
5. If applicable, a certified copy of a trade name certificate from the town in which the organization is primarily conducted, in accordance with Section 35-1 of the Connecticut General Statutes
6. If a domestic corporation or LLC, provide a certificate of legal existence less than 30 days old from the Secretary of State of Connecticut; or, If a foreign corporation or LLC (corporation or LLC founded in a State or Country other than Connecticut), provide a certificate of legal existence from the state in which it is incorporated, as well as a certificate of good standing less than 30 days old from the Secretary of State of Connecticut. To obtain this information, your firm must have applied for and been granted a Certificate of Authority from the Connecticut Secretary of State. That agency can be contacted at (860) 509-6200 or www.sots.ct.gov.

IF APPLICABLE, INCLUDE WITH APPLICATION ON SEPARATE SHEETS:

CONSTRUCTION PROJECTS IN PROGRESS:

List all major construction projects the organization has in progress

- Name the project
- Address of the Project
- Owner of the Project
- Architect and/or Engineer
- Contractor Amount
- Percent Complete
- Scheduled Completion Date

CONSTRUCTION PROJECTS COMPLETED IN PAST 5 YEARS

List all major construction projects the organization has completed in the past five (5) years

- Name the project
- Address of the Project
- Owner of the Project
- Architect and/or Engineer
- Contractor Amount
- Completion Date
- Percentage of work performed with organization's own forces

A F F I D A V I T

(To be made before a Notary Public or other official qualified by law to administer oaths)

The undersigned being duly sworn, upon his/her oath deposes and says that the foregoing statements to the best of his/her knowledge and belief are true and made in good faith. I also swear that I am familiar with the statutes and regulations promulgated by the Department of Consumer Protection pertaining to major contractors.

Applicant

Title

Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Seal

Signature of Notary Public/Justice of the Peace

My Commission Expires