MEC - Rev. 03-11-2016

S TATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION

<u>Telephone</u>: (860) 713-6135 <u>Website</u>: <u>www.ct.gov/dcp</u>

Email: dcp.occupationalprofessional@ct.gov



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APPLY ONLINE

For your convenience, we allow credit card payments.

Start yours at: www.ct.gov/dcp/apply

APPLICATION FOR REGISTRATION AS MECHANICAL CONTRACTOR

Instructions:

PRIMARY EMAIL ADDRESS

All spaces must be completed - please print or type. This application <u>must be accompanied by a check or money order for \$110.00</u>, made payable to "*Treasurer*, *State of Connecticut*." Application fees are <u>non-refundable</u>. You must be registered with the Secretary of State in Connecticut as a domestic or foreign corporation at the time of this application. All registrations expire annually on August 31st.

→ Return your completed application and fee to:

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

Please list the primary email address to be used for <u>all communication</u> regarding this document, such as approval, rejection, and renewal notification:							
Legal Name of Applicant/Company							
Trade (DBA) Name if applicable			Name of Owner (if different from applicant)				
Street Address		City	Zity		Zip Code		
Telephone Number (with area code)) FEIN		Email Address				
Mailing Address (if different from above)							
Street Address		City		State	Zip Code		
Indicate Organizational Structure: Sole Proprietorship Corporation Professional Corporation (PC) Limited Liability Company (LLC) Partnership Limited Partnership							
Is your company current on all tax payments to the state? Yes No Business ID# issue by the Connecticut Secretary of State (Required)							
Has the applicant or any of the directors, officers, members or managers been convicted of a felony crime? Yes No If yes, please complete and attach the "Review of Criminal Conviction" form available on our web site at: www.ct.gov/dcp/conviction							

List below the names, license types and license numbers of all employees (at least 10) performing such work. Use additional sheets if necessary. License Type Name License Number PERSONAL AFFIDAVIT The undersigned being duly sworn, upon his/her oath deposes and says that all information contained in this application to the best of his/her knowledge and belief are true and made in good faith.

Signature - Notary Public

Date

Signature of Applicant

Date