

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

License Services Division
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Email: dcp.occupationalprofessional@ct.gov



Residential Stair Lift (RSL) Technician License Application

“Residential stair lift” means an inclined residential stairway chair lift with a fixed in place swivel single seat and its internal components, installed in or at a private residence. “Private residence” means a residential dwelling containing a residential stair lift that is not intended for general public use. “Residential stair lift work” means the installation, repair, replacement, maintenance or alteration of residential stair lifts installed in or at a private residence for use on a stairway structure capable of safely supporting the loads imposed on such structure. Residential stair lift work does not include non-structural or cosmetic work on a residential stair lift.

Eligibility for the RSL

Regulation Sec. 21a-340f-2. Qualifications to obtain licensure.

A residential stair lift technician license may be issued by the Department of Consumer Protection to any applicant registered as an apprentice trainee with the department who (1) has experience performing residential stair lift work of not less than ten new installations, (2) has completed a training program of instruction, which shall include, but need not limited to, a review of applicable state and federal laws, codes, standards and work site safety requirements of not less than twenty hours related to residential stair lift work, which program has been reviewed and approved by the Commissioner of Consumer Protection, and (3) has paid the license fee specified in section 20-340f of the Connecticut General Statutes to the department.

Instructions

- The individual applying for licensure must complete this form.
- An **employer letter of on the job training and school related instruction** as an apprentice trainee meeting the requirements of Sec.21a-340f-2 “Qualifications to obtain licensure” must be attached to the application.
- This application must be accompanied by a check or money order in the amount of **\$150.00** made payable to “*Treasurer, State of Connecticut.*”
- Return your completed application, employer letter and applicable fee to the above address.

Applicant Information

First Name		Middle Initial	Last Name	
Street Address		City		State
Zip Code	Telephone Number		Email Address	Social Security Number*
		Date of Birth		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a statement of explanation.				

Employer Information/Company Name (Program Sponsor)

Name		Email Address		
Street Address		City		State
		Zip Code		

Attestation:

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 of Applicant

Date

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application can not be processed.