



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
 Architectural Licensing Board  
 Telephone: (860) 713-6135 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)  
 Email: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)

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**APPLICATION FOR LICENSE FOR CORPORATE PRACTICE OF ARCHITECTURE**

**INSTRUCTIONS:**

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order for \$50.00**, made payable to "Treasurer, State of Connecticut." Application fees are non-refundable. You must be registered with the Secretary of State in Connecticut as a domestic or foreign corporation at the time of this application.

**→ Return your completed application and fee to:**

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

**PRIMARY EMAIL ADDRESS**

Please list the primary email address to be used for all communication regarding this document, such as approval, rejection, and renewal notification:

|   |      |  |  |          |
|---|------|--|--|----------|
| Name of Corporation or Limited Liability Company  |      |  |  |          |
| Street Address  |      | City   | State                                  | 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:<br><input type="checkbox"/> Corporation <input type="checkbox"/> Professional Corporation (PC) <input type="checkbox"/> Limited Liability Company (LLC)  |      |  |  |          |
| State of Incorporation  |      | Business ID# issue by the Connecticut Secretary of State |  |          |
| Name of person completing application   |      |  | Title of person completing application |          |
| Has the applicant or any of the directors, officers, members or managers been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please complete and attach the "Review of Criminal Conviction" form available on our web site at: <a href="http://www.ct.gov/dcp/conviction">www.ct.gov/dcp/conviction</a> |      |  |  |          |

State the names of the individuals licensed to practice architecture in this State who shall be in charge of architectural work by said corporation in Connecticut, including all directors, officers, managers or members:

*(Any change in such designation must be reported within thirty (30) days after such change becomes effective.)*

|                                 |                   |            |
|---------------------------------|-------------------|------------|
| Name of Chief Executive Officer | Residence Address | CT LIC NO. |
|---------------------------------|-------------------|------------|

|             |         |       |                   |
|-------------|---------|-------|-------------------|
| Name        | Address | Title | CT License Number |
| <b>Name</b> | Address | Title | CT License Number |
| Name        | Address | Title | CT License Number |
| Name        | Address | Title | CT License Number |

**Holders of Voting Stock or Voting Interest (must be at least 66.67% owned and controlled by Connecticut licensed architects)**

|             |         |               |                   |
|-------------|---------|---------------|-------------------|
| Name        | Address | Voting Shares | CT License Number |
| <b>Name</b> | Address | Voting Shares | CT License Number |
| Name        | Address | Voting Shares | CT License Number |
| Name        | Address | Voting Shares | CT License Number |

**TOTAL VOTING SHARES ISSUED** \_\_\_\_\_

**PERSONAL AFFIDAVIT**

The undersigned being duly sworn, upon his 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 of Applicant | Signature - Notary Public |
| Date                   | Date                      |