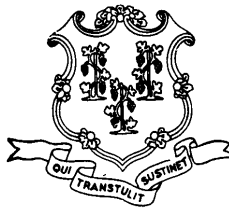


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



Homemaker-Companion Agency Reinstatement Form

- A registration may be reinstated provided a completed reinstatement form and the applicable 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.
- A total **reinstatement fee of \$412.50** must accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
- All registrations expire annually on October 31st. 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.

HCA Registration Number to be Reinstated	Expiration Date of Registration

Information			
Name of Individual or Legal Entity			
Trade Name (DBA)			
Business Location Street Address		City	State
			Zip Code
Telephone Number	Email Address to be used for all correspondence		
Mailing Address (if different than above)			
Street Address		City	State
			Zip Code
Reinstatement Questions			
1). What is the nature of your homemaker companion business? <input type="checkbox"/> Employ one or more persons <input type="checkbox"/> Registry Services <input type="checkbox"/> Both			
2). How many people do you employ or have on your registry? <input style="width: 50px; height: 20px;" type="text"/>			
3). Are all business records kept at the location address? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, specify address below.			
Street Address		City	State
			Zip Code
4). All homemaker companion agencies are required to maintain a surety bond of \$10,000 or more. The bond must cover your clients if your employees steal from clients. You <u>must</u> provide proof of your surety bond coverage and attach to this reinstatement form.			
Certification			
<i>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.</i>			
_____ Signature		_____ Title	_____ Date