**STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION** License Services Division 450 Columbus Blvd, Ste 801 Hartford, CT 06103 Email: dcp.productsafety@ct.gov



For Official Use Only

## Importer of Bedding & Upholstered Furniture License Reinstatement Form

## **Instructions:**

- A license may be reinstated provided a completed reinstatement form and all applicable fees are submitted **not later than three years after the date of expiration of the license** or you must reapply.
- The license number you wish to reinstate must be entered on this form.
- A reinstatement fee of <u>\$110.00</u> for each one-year period of expiration must accompany this form. Checks should be drawn on a US Bank or International Money Order and made payable to *"Treasurer, State of Connecticut."*
- Please note, this license is non-transferable. If there has been a change in ownership, a new application must be submitted. Applications are available on our website at <u>www.ct.gov/dcp</u>.
- All licenses expire April 30<sup>th</sup>. A completed reinstatement form with the applicable fee(s) will reinstate the indicated license to the current renewal year.
- Mail this completed form with the applicable fee(s) to the above address.

License Number to be Reinstated	Expiration Date of License

## Information

Street Address (Principal Place of Business)			Suite, Bldg, etc.	
City	State or Province	Country	Zip Code	
Telephone Number	Email Address to be used for all cor	Email Address to be used for all correspondence (mandatory)		
Name of Parent Company (Corporation, LLC, Partnership, etc.)		Name of Principal Offic	Name of Principal Officer in Charge	
Mailing Address (if different th Name	an above)			
Attention Line (indicate individual	name, department, etc.)			
Street Address or Post Office Box			Suite, Bldg, etc.	

## Certification

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