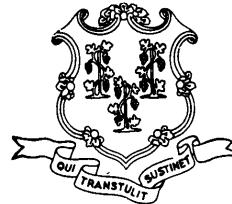


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



Importer of Bedding & Upholstered Furniture License Reinstatement Form

- **This form can only be used to reinstate a license that expired on or after April 30, 2011.**
- The license number you wish to reinstate must be entered on this form.
- **A total reinstatement fee of \$110.00 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".
- Return this completed form with the applicable fee to the above address.
- All licenses expire annually on April 30th. A completed reinstatement form with applicable fee(s) will reinstate the indicated license to the current renewal year

License Number to be Reinstated	License Type	Expiration Date of License
	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer	

License Information			
Licensee Name			
Street Address (Principal Place of Business)	City	State and/or Country	Zip Code
Name of Parent Company (Corporation, LLC, Partnership, etc.)		Name of Principal Officer in Charge	
Telephone Number	Email Address (to be used for all correspondence)		
Mailing Address (if different than above)			
Name			
Street Address	City	State and/or Country	Zip Code
Manufacturers Only			
Indicate UNIFORM REGISTRY NUMBER:			

Certification	
<p><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></p>	
Signature	Date