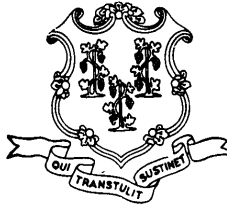


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

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



For Official Use Only

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

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

Date