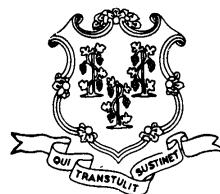


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 450 Columbus Blvd, Ste. 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



APPLY ONLINE & PAY BY CREDIT CARD

Visit: www.ct.gov/dcp/apply

New Home Construction Contractor Application for an Individual or Sole Proprietor*

*If you contract with a consumer as a Corporation, LLC, LLP, or Partnership, use the New Home Construction Contractor Legal Entity application.

The completed application must be accompanied by a check or money order made payable to "*Treasurer, State of Connecticut*".

Check (✓) one:

\$720.00 If you do not currently hold a valid Home Improvement Contractor registration in your individual/sole proprietorship name.
 \$480.00 If you currently hold a valid Home Improvement Contractor registration and are applying under the same name.

Please note: All registrations expire September 30th of all odd years.

Name of Individual				
Trade (DBA) Name (if different than above)				
Email Address (<u>required</u> ; approvals and communications will be sent to this address)				
Home Street Address (NOT a P.O. Box)		City	State	Zip Code
Primary Phone Number	Secondary Phone Number	Have you filed a Trade Name Certificate at the Town Clerk's Office where your business is located? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Necessary <input type="checkbox"/>		
Social Security Number**	Date of Birth	Driver's License Number		State
Mailing Address if different than above				
Address		City	State	Zip Code

**The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed.

Current/Previous Registrations:

1. Have you ever held a CT New Home Construction Contractor's Registration either as an individual or in connection with a business entity (LLC, corporation, partnership, LLP)?
 Yes No If yes, when? _____ Registration Number _____
*You can complete a late renewal form if your registration expired within the last 6 months, there are no changes to the information on file and you would like to maintain your previous registration number.
2. Do you hold an active CT Home Improvement Contractor's registration?
 Yes No If yes, Registration Number _____

Insurance Information:

3. List the name and address of your liability and workers compensation (if needed) insurance carrier for your new home construction activities:

Criminal and Administrative History:

An application will not automatically be denied because of a prior criminal conviction. See CGS Section 46a-80

4. Have you had any court judgments issued against you or any business you own(ed) as a result of your new home construction activities in any state?
 Yes No If yes, indicate what state? _____
If yes, provide a written statement of the facts including the disposition and attach it to this application.

5. Have you had any administrative orders (including guaranty fund claims) issued against you or any business you own(ed) as a result of your new home construction activities in any state?
 Yes No If yes, indicate what state? _____
If yes, provide a written statement of the facts including the disposition and attach it to this application.

6. Have you ever been convicted of a felony crime?
 Yes No
If yes, please complete the required form: <http://www.ct.gov/dcp/conviction>

7. Have you ever been convicted of a misdemeanor under the Home Improvement Act?
 Yes No
If yes, please complete the required form: <http://www.ct.gov/dcp/conviction>

Statement

I certify, under penalty of law (sec. 53a-157, class a misdemeanor), that the above provided information in this application is the truth to the best of my knowledge.

I understand that if I have any employees, I must carry workers compensation insurance.

I understand that any debt and/or obligation that my business incurs will be personally guaranteed by me.

Signature of Applicant

Date

➤ UNTIL YOU RECEIVE YOUR REGISTRATION, YOU MAY NOT ACT AS A NEW HOME CONSTRUCTION CONTRACTOR

It is the responsibility of the applicant to notify this department of any changes to residence or business address within thirty (30) days.