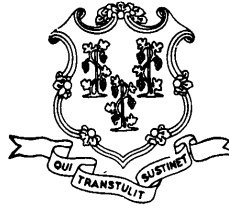


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Occupational Trade License Reinstatement Form

### Instructions:

- A license may be reinstated provided a completed reinstatement form and all applicable fees are submitted **not later than two years after the date of expiration of the license.**
- Return this completed form with the applicable fee to the above address.
- A completed reinstatement form and with applicable fee(s) will reinstate the indicated license to the current renewal year.

### Reinstatement Fees:

- **Contractor:** A total reinstatement fee of **\$165.00 (\$150.00 plus \$15.00 late fee)** for each one-year period of expiration must accompany this form.
- **Journeyman:** A total reinstatement fee of **\$132.00 (\$120.00 plus \$12.00 late fee)** for each one-year period of expiration must accompany this form.
- Checks or money orders should be made payable to "Treasurer, State of Connecticut."

### Continuing Education:

- If your license requires continuing education, you must have the required hours completed prior to submission of this form to be eligible for reinstatement. Requirements can be found at [www.ct.gov/dcp](http://www.ct.gov/dcp)

### License Number

License Number to be Reinstated		Expiration Date of License	
		<input type="checkbox"/> Contractor <input type="checkbox"/> Journeyman	

### Applicant Information

Name				
Residence Street Address		City	State	Zip Code
Telephone Number	Email Address		Date of Birth	
Mailing Address (if different than above)				
Street Address		City	State	Zip Code
Have you been convicted of a felony crime since the date of last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a notarized statement of explanation.				
If applicable, have you completed the required continuing education prior to submission of this reinstatement form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (none required for this license)				

### 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