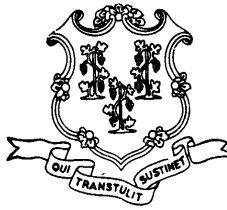


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.productsafety@ct.gov](mailto:dcp.productsafety@ct.gov)



## **Second Hand Dealer 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 \$60.00 for each one-year period of expiration** must accompany this form. Checks and money orders should be 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 [www.ct.gov/dcp](http://www.ct.gov/dcp).
- 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**

Name			
Street Address (Principal Place of Business)			Suite, Bldg, etc.
City			State      Zip Code
Telephone Number		Email Address to be used for all correspondence	
<b>Legal Owner</b>			
Name			
<b>Mailing Address (if different than above)</b>			
Name			
Attention Line (indicate name, department, etc.)			
Street Address or PO Box			Suite, Bldg, etc.
City			State      Zip Code

### **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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date