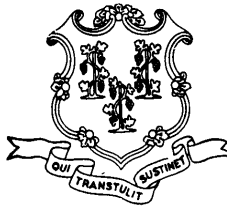


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.productsafety@ct.gov



For Official Use Only

Sterilization Permit of Bedding & Upholstered Furniture License Reinstatement Form

Instructions:

- A permit 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 permit** or you must reapply.
- **The permit number you wish to reinstate must be entered on this form.**
- A **reinstatement fee of \$35.00 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."*
- Please note, this permit 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.
- All permits expire April 30th. A completed reinstatement form with the applicable fee(s) will reinstate the indicated permit to the current renewal year.
- Mail this completed form with the applicable fee(s) to the above address.

Permit Number to be Reinstated	Expiration Date of Permit

Information

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