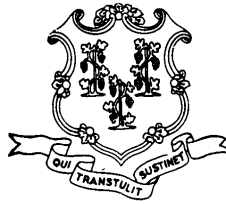


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 450 Columbus Blvd, Ste. 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



FOR OFFICIAL USE ONLY

TO APPLY ONLINE & PAY BY CREDIT CARD

 Visit: www.ct.gov/dcp/apply

New Home Construction Contractor Application for Legal Entity

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 as the same legal entity.
- ☐ **\$480.00** If you currently hold a valid Home Improvement Contractor registration and are applying as the same legal entity.

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

SECRETARY OF THE STATE
BUSINESS ID NUMBER: _____

Prior to submitting this application, you must obtain a Business ID Number from the Connecticut Secretary of the State Commercial Recording Division. Forgotten your number? Find it at www.concord-sots.ct.gov.

Applicant Legal Standing:			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Partnership
Name of Corporation, LLC, LLP, or Partnership			
Trade (DBA) Name (if different than above)		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"/>	
Business Street Address	City	State	Zip Code
Business Telephone Number	Email Address (required ; approvals and communications will be sent to this address)		
Mailing Address if different than above			
Address	City	State	Zip Code

Current/Previous Registrations:

1. Have you or any of the partners, corporate officers or members ever held a CT New Home Construction Contractor's Registration either as an individual or as an officer of owner of a legal entity (LLC, Corp., Partnership, LLP)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 or have you ever held any construction or home improvement licenses/registration in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what state? _____
3. Do you hold an active CT Home Improvement Contractor's registration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Registration Number _____

Insurance Information:

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

Personal Information:

List all persons associated with ownership to include corporate officers, partners, or members of the LLC or LLP.

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. We cannot process your application without a social security number.

Name of Owner signing below			Title		
Residence Street Address		City	State	Zip Code	
Telephone Number	Date of Birth	Social Security Number	Driver's License Number		State

Name			Title		
Residence Street Address		City	State	Zip Code	
Telephone Number	Date of Birth	Social Security Number (optional)	Driver's License Number		State

Please list all other owners on separate sheet.

Criminal and Administrative History:

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

5. Have you or any of the partners, corporate officers or members had court judgments issued against you as a result of your new home construction activities in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate what state? _____. If yes, please attach a statement of the facts including the disposition.
6. Have you or any of the partners, corporate officers or members had administrative orders (including guaranty fund claims) issued against you as a result of your new home construction activities in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate what state? _____. If yes, please attach a statement of the facts including the disposition.
7. Have you or any of the partners, corporate officers or members ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the required form: http://www.ct.gov/dcp/conviction
8. Have you or any of the partners, corporate officers or members ever been convicted of a misdemeanor under the Home Improvement Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the required form: http://www.ct.gov/dcp/conviction

Statement

If you are applying as a Corporation, Limited Liability Company, or Limited Liability Partnership, at least one (1) Corporate Shareholder, LLC or LLP Member must sign. If you are applying as a Partnership, each partner must sign.

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 this entity has any employees, the entity must carry workers compensation insurance.

I understand that any debt and/or obligation that our entity incurs will be personally guaranteed by the owner signing below.

Signature of Owner Listed Above

Date

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

Future changes to company ownership require the filing of an updated application. It is the responsibility of the applicant to notify this department of any changes to residence or business address within thirty (30) days.