

STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
 Telephone: (860) 713-6135
 Web Site: www.ct.gov/dcp



License for V9 Service Dealer, Non Technician Owner

This is a dealer who is a company, corporation or a technician, but offers service either from his own shop where he employs licensed technicians or farms it out to other licensed entities. "Service dealers" means a person engaging in the business of servicing receiving equipment, having an established location for the performance of such service. (may be out of State) Chapter 394 of the CT. General Statutes.

Application Fee: Dealer V-9 License \$200.00; A check and/or money order for the applicable fee made payable to Treasurer State of Connecticut must accompany this application. Return application to: Department of Consumer Protection, 450 Columbus Blvd, Ste 901, Hartford, CT 06103

Name of Corporation or LLC				
Street Address		City	State	Zip Code
Telephone Number	FEIN	Email Address		
Mailing Address (if different from above)				
Street Address		City	State	Zip Code

Indicate Organizational Structure:

Corporation Partnership Limited Liability Company (LLC)

State of Incorporation	If a "Foreign" Corporation or LLC, do you have a Certificate of Authority from the Secretary of State of the State of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes attach a copy.
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Has the applicant or any of the directors, officers, members or managers been convicted of a felony crime? Yes No If yes, please attach a statement providing the dates(s) of conviction(s), the court(s) where the cases were decided and a description of the circumstances relating to each conviction(s).

List the names, addresses and titles of all directors, officers, managers or members

Name	Address	Title	
Name	Address	Title	
Name	Address	Title	
Name	Address	Title	

I, the director or officer of the corporation or member or manager of the limited liability company on behalf of which the above application is made, being duly sworn according to law depose and say the answers above set forth are true to the best of my knowledge and belief and that this application is made for the purpose of inducing the issuance of the registration requested.

Signature

Title

Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Signature of Notary Public

Date

My Commission Expires