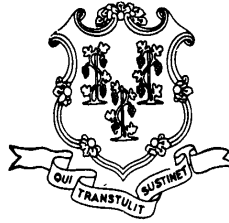


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Telephone: (860) 713-6135
 Email: dcp.occupationalprofessional@ct.gov
 Web site: www.ct.gov/dcp



For Official Use Only

Automatic Fire Sprinkler System Layout Technician Application

- In accordance with CT General Statutes, "Automatic fire sprinkler system layout technician" means a person licensed to design automatic fire sprinkler system layouts. "Automatic fire sprinkler system layout" means preparing and designing shop drawings to be used for the installation, alteration or modification of an automatic fire sprinkler system. "National Institute for Certification in Engineering Technologies" means a nationally recognized organization which determines the qualifications of automatic fire sprinkler system layout technicians through a series of standardized examinations.

Instructions

- This application must be completed by the individual applying for licensure.
- Verification of a NICET Level III certification from the National Institute for Certification in Engineering Technologies in the field of fire protection must be submitted. Attach a current copy of your NICET Level III card.
- A check or money order in the amount of **\$75.00** made payable to "Treasurer, State of Connecticut" must accompany this application. If your application is approved, you will be sent an invoice for an initial license fee of **\$150.00**. Only upon receipt of the initial license fee will your license be activated. There is no state exam required to obtain this license.
- Return the completed application, documentation and fee to the above address.

Applicant Information

| | | | | |
|--|---------------|----------------|------------------------|-------------------|
| First Name | | Middle Initial | Last Name | |
| Street Address | | City | | State Zip Code |
| Telephone Number | Email Address | | Social Security Number | Date of Birth |
| Mailing Address (if different from above) | | City | | State Zip Code |
| Do you presently hold a license for your occupation in any State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of your current license | | | | |
| Have you ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation. | | | | |

Notarization

I, being duly sworn according to law, hereby affirm that the answers given in this application are true to the best of my knowledge and belief and that this application is made for the sole purpose of obtaining a license.

 Signature of Applicant

 Date

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

 Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court

 My Commission Expires