

**DEPARTMENT OF CONSUMER PROTECTION
LICENSE SERVICES DIVISION
165 CAPITOL AVENUE
HARTFORD, CONNECTICUT 06106**



For Official Use Only

APPRASIER REQUEST FOR LICENSE HISTORY/LETTER OF GOOD STANDING

In accordance with Section Sec. 20-516 (b)

TO START: Click on View; then Click on 'Print Layout' ON YOUR COMPUTER TO PROPERLY UTILIZE THIS FORM.

INSTRUCTIONS: You may type your answers directly from your computer. 'X's typed in check boxes.

USE ONLY YOUR MOUSE TO POINT & CLICK INTO EACH ITEM. DO NOT PRESS ENTER OR TAB KEYS.

I am requesting a:

LETTER OF GOOD STANDING OR LICENSE HISTORY

NAME OF LICENSEE:

ADDRESS OF LICENSEE:

PHONE # E-MAIL

LICENSE # (IF AVAILABLE)

ACTIVE LICENSE OR LAPSED LICENSE APPROXIMATE DATE LAPSED

NAME & ADDRESS WHERE YOU WANT DOCUMENT MAILED:

YOUR PHONE # YOUR EMAIL ADDRESS

FEE: \$25.00 FOR EACH LICENSE HISTORY/LETTER OF GOOD STANDING REQUESTED.
CHECK OR MONEY ORDER PAYABLE TO: "TREASURER, STATE OF CONNECTICUT"

Ink Signature (required)

Date

YOUR REQUEST WILL NOT BE PROCESSED WITHOUT PAYMENT