

**DUNS # and FEIN # Form**

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

CONTACT E-MAIL ADDRESS \_\_\_\_\_

CONTACT FAX NUMBER \_\_\_\_\_

FEIN NUMBER \_\_\_\_\_

DUNS NUMBER \_\_\_\_\_

STATE TAX NUMBER \_\_\_\_\_

**Return to DEMHS, FAX 860-256-0821, or EMAIL to [dana.conover@ct.gov](mailto:dana.conover@ct.gov) or [judy.pahl@ct.gov](mailto:judy.pahl@ct.gov)  
or [mark.Scerra@ct.gov](mailto:mark.Scerra@ct.gov)**