



Electronic Nicotine Delivery System (ENDS)
Certificate of Dealer Registration
FIDUCIARY FORM

INSTRUCTIONS: Applicant, please complete Section I and have your fiduciary complete Section II. This form must be uploaded to your online application.

SECTION I: ENDS DEALER APPLICANT			
Business Name			
Business Location Street Address	City	State	Zip Code
Email Address		Telephone Number	

SECTION II: FIDUCIARY INFORMATION			
Legal Name of Fiduciary		Date of Birth (MM/DD/YYYY)	
Fiduciary Physical Street Address	City	State	Zip Code
Email Address		Telephone Number	

I acknowledge that, pursuant to CGS 21a-415(c)(1)(E) as amended by PA 25-166, I have been designated as the fiduciary for the ENDS Registrant identified in Section 1 of this form, and that I accept this designation, and understand that I shall be personally liable in the event of any noncompliance that results in a debt owed to the department.

Signature of Fiduciary	Date
Printed Name of Fiduciary	