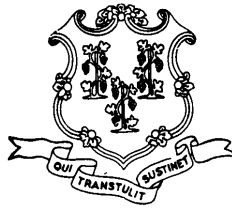


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
 450 Columbus Boulevard, Ste. 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Website: www.ct.gov/dcp



FOR OFFICIAL USE ONLY

Home Improvement Contractor– Individual/Sole Proprietor to Legal Entity Change Form

- **DO NOT** use this form to apply for a new registration. This form is used to have a home improvement contractor registration issued to an individual/sole proprietor changed to the name of a legal entity (Corporation, LLC, LLP, or Partnership). **No fee is required to make this change.**
- After review and approval, you will be issued a new registration card under the name of your legal entity. Your current individual registration can be used until approval is received.
- Prior to submitting this application, you must obtain a Business ID Number from the Connecticut Secretary of the State Commercial Recording Division. Information is available at <https://business.ct.gov>.

Current Home Improvement Contractor Information:

Current Name on the Home Improvement Contractor Registration	HIC Registration Number
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Legal Entity Information:

Applicant's Legal Standing: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership			
CT Secretary of the State Business ID Number: _____			
Name of Corporation, LLC, LLP, or Partnership			
Trade (DBA) Name (if different than above)		Have you filed a Trade Name Certificate at the Town Clerk's Office where your business is located? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Necessary	
Business Street Address	City	State	Zip Code
Business Telephone Number	Email Address (required ; approvals and communications will be sent to this address)		
Mailing Address if different than above	City	State	Zip Code

Work Performed:

1. What type of work will you MOSTLY do? Check one only. <input type="checkbox"/> building/remodeling <input type="checkbox"/> chimneys/masonry <input type="checkbox"/> landscaping <input type="checkbox"/> painting <input type="checkbox"/> paving <input type="checkbox"/> siding/windows/roofing
2. Will you perform radon mitigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit proof you have a training certificate approved by the State Department of Public Health**
3. Will you remove residential underground oil tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and you do not hold an Occupational Trade license to do this work, submit proof you completed a 40-hr. Hazardous Material Training Program approved by the Department of Energy and Environmental Protection**
**You may <u>not</u> perform this type of work without the required training and documentation being submitted to this department. For more information on documentation required for submission, go to our website at www.ct.gov/dcp.

Liability Insurance Information:

All home improvement contractors must hold a minimum of \$20,000 of general liability insurance.

Name of Liability Insurance Provider	Policy Number	Is your policy no less than \$20,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Street Address	City	State	Zip Code

Ownership Information:

List all persons associated with ownership to include corporate officers, partners, or members of the LLC or LLP. The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. We cannot process your application without a social security number.

Name of Primary Owner			Title	
Residence Street Address		City	State	Zip Code
Telephone Number	Date of Birth	Social Security Number	Driver's License Number	State

Name			Title	
Residence Street Address		City	State	Zip Code
Telephone Number	Date of Birth	Social Security Number	Driver's License Number	State

Name			Title	
Residence Street Address		City	State	Zip Code
Telephone Number	Date of Birth	Social Security Number	Driver's License Number	State

Please list all other owners on separate sheet.

Criminal and Administrative History:

An application will not automatically be denied because of a prior criminal conviction. See CGS Section 46a-80

1. Have you <i>or</i> any of the partners, corporate officers or members had court judgments issued against you as a result of your home improvement activities in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate what state? _____ If yes, please attach a statement of the facts including the disposition.
2. Have you <i>or</i> any of the partners, corporate officers or members had administrative orders (including guaranty fund claims) issued against you as a result of your home improvement activities in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate what state? _____ If yes, please attach a statement of the facts including the disposition.
3. Have you <i>or</i> any of the partners, corporate officers or members ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Criminal Conviction Application Worksheet: http://www.ct.gov/dcp/conviction
4. Have you <i>or</i> any of the partners, corporate officers or members ever been convicted of a misdemeanor under the Home Improvement Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Criminal Conviction Application Worksheet: http://www.ct.gov/dcp/conviction

Statement:

If you are applying as a Corporation, Limited Liability Company, or Limited Liability Partnership, at least one (1) Corporate Shareholder, LLC or LLP Member must sign. If you are applying as a Partnership, each partner must sign.

<i>I certify, under penalty of law (sec. 53a-157, class a misdemeanor), that the above provided information in this application is the truth to the best of my knowledge. I understand that if this entity has any employees, the entity must carry workers compensation insurance. I understand that any debt and/or obligation that our entity incurs will be personally guaranteed by the owner signing below.</i>	
Signature of Primary Owner Listed Above _____	Date _____