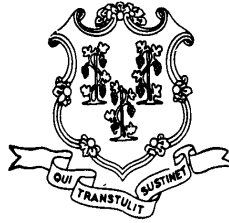


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Boulevard, Suite 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



Application for Restoration from Retiree Status

❖ This form is to be used by any person currently holding a Retiree Status Landscape Architect License.

Instructions

1. The license type and license number must be entered on this application.
2. The fee to restore your license is **\$160.00**.
3. A completed form with the applicable fee will restore the license to the current renewal year. Checks or money orders should be made payable to *“Treasurer, State of Connecticut.”*
4. Return this completed application and fee to the above address.

License Information

License Type	License Number
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Applicant Information

Name			
Street Address	City	State	Zip Code
Telephone Number	Email Address		
Have you been convicted of a felony crime since the date of your last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a letter of explanation.			

Attestation

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided on this application is the truth to the best of my knowledge.

Signature _____
Date