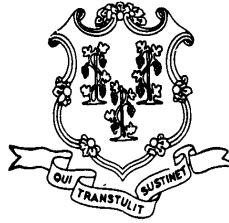


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste. 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



Inactivation Request Form – Real Estate Team Registration

- ❖ Any Real Estate Team currently holding a registration issued by the Department of Consumer Protection, may submit this form to request their registration be made inactive.
- ❖ A registrant inactivating their registration shall not practice or offer to practice the occupation or trade for which the registration was originally issued.

Instructions

1. The registration type, number and expiration date must be entered on this application.
2. Return this completed form to the above address.

Applicant Information

Team Name			
Street Address	City	State	Zip Code
Telephone Number	Email Address		
Mailing Address (if different from above)			
Address	City	State	Zip Code

Registration Information

Registration Type	Registration Number	Expiration Date
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Attestation

I understand I am requesting to inactivate my registration prohibiting the practice of the occupation or trade for which the registration was originally issued 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 of Team Sponsor

Date