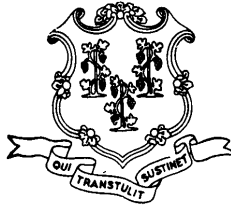


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103



For Official Use Only

To apply online visit: www.license.ct.gov

Swimming Pool Maintainer Contractor (SP1) License Application

Instructions:

All sections on this **application must be completed and signed** by the individual applying for licensure. 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. If you choose not to disclose your Social Security Number your application cannot be processed.

A check and/or money order in the amount of **\$150.00 made payable to "Treasurer, State of Connecticut"** must accompany this application. This fee is non-refundable.

An applicant **must** have held a Connecticut Swimming Pool Maintainer Journeyman (SP2) License for two (2) years before they may apply for an SP1 license.

Applicant Information:

First Name, Middle Initial, Last Name				
Residence Street Address		City or Town	State	Zip Code
Telephone Number (w/ area code)	Email Address	Social Security Number		Date of Birth
Mailing Address (if different from above)		City or Town	State	Zip Code
1). Indicate your Connecticut Swimming Pool Maintainer Journeyman (SP2) License No.: _____				
2). Have you ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a completed Criminal Conviction Worksheet. You can download the worksheet from our website at www.ct.gov/dcp .				

Attestation:

I attest under the penalties of the Connecticut General Statutes, Section 53a-157b, that the information provided in this application is the truth to the best of my knowledge. By signing this application, I authorize the Department of Consumer Protection (DCP) to access and use the photo that appears on my driver's license or non-driver identity card. I understand the photo will be retained in DCP's records and used in connection with the credential that DCP is issuing in my name.

 Signature of Applicant

 Date