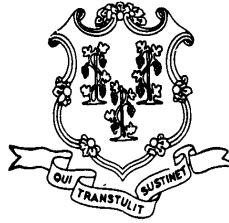


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
License Services Division  
450 Columbus Boulevard, Suite 801  
Hartford, CT 06103  
Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Application for Restoration from Retiree Status

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

### Instructions

1. The license type and license number must be entered on this application.
2. The fee to restore your license is **\$190.00**.
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
--------------	----------------

### 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*