



State of Connecticut
Department of Agriculture
Bureau of Regulatory Services
450 Columbus Boulevard, Suite 701
Hartford, CT 06103
(860) 713-2506

CT License # AIR - _____

☐ NEW \$200.00

Expiration: December 31, 2020

Form is valid for new applicants only
For renewal forms, contact 860-713-2512

ANIMAL IMPORTER REGISTRATION APPLICATION

I/we hereby apply for a registration to operate as an Animal Importer in the State of Connecticut in accordance with and subject to the provisions of Section 22-344 of the Connecticut General Statutes. The registrant (owner) is required to notify the Department of Agriculture within 48 hours of any change in business name, location, sale or change of ownership. Make checks payable to "Connecticut Department of Agriculture".

The registration period shall be for a period of two years and extend from January 1st to the second following December 31st.

Ownership status: ☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ Corporation -- Is your corporation a 501(c)(3)? Yes ☐ No ☐

Federal Employer
Identification
Number _____

Social
Security
Number _____

Business Name

Principal Officer of Business

Business Telephone Number

Business Email

Business Internet Address

Business Street Address

Business City

State

Zip Code

Mailing Address (if different)

Mailing City

State

Zip Code

For out of state applicants only

Name of Connecticut-based agent (Individual) - for service of process

Agent's Telephone Number

Home Street Address of Connecticut-based agent

City

State

Zip Code

CT

List the number of animals imported from each state or country into Connecticut during the prior 2 years. If none, indicate "NONE".

Number of Animals	Imported from (state or country):	Number of Animals	Imported from (state or country):

The undersigned applicant agrees that in the event an Animal Importer Registration is granted, said applicant shall comply with all laws, orders, rulings, regulations and directives issued by the Commissioner of Agriculture. The information provided to the Commissioner of Agriculture herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 22-4c and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

Printed Name of Applicant	Signature of Applicant	Date of Signature
Title of Applicant	Telephone Number	

For Agency Use Only

Fee Amount Received	Check or Money Order #	Agency Approval	Registration Expiration December 31, 2020
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