



**Connecticut Secretary of the State Safe at Home  
Address Confidentiality Program – Certification Renewal**

**Check the appropriate statement:**

- I am a Connecticut Address Confidentiality Program participant;
- I am a guardian or conservator acting on behalf of an adult program participant;
- I am a parent or guardian acting on behalf of a minor program participant.

*The undersigned hereby submits this application to renew the participant's certification in the Address Confidentiality Program.*

\_\_\_\_\_  
Participant First Name

\_\_\_\_\_  
Participant Last Name

\_\_\_\_\_  
Participant's 4 Digit Certification #

\_\_\_\_\_  
Signature of Participant  
(or parent/guardian/conservator)

\_\_\_\_\_  
Date

**Please mail the following to:**

ACP  
P.O. Box 150469  
Hartford, CT 06115

1. Certification Renewal Form (this form)
2. Your current certification card.