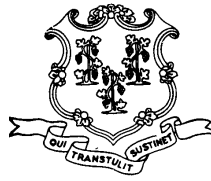


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 LICENSE SERVICES DIVISION
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.ocopro@ct.gov
 Website: www.ct.gov/dcp



For Official Use Only

Application for Trainee Registration

- A trainee registration is required for areas of the occupational trades that are not available for apprenticeship with the Connecticut Department of Labor.
- There is no charge for the trainee registration. The registration cannot be renewed or reinstated.
- Trainees must be employed by a sponsor that holds a corresponding contractor license type below:

<u>Trainee Type:</u>	<u>Trainee Corresponding License Type (must be entered in Section I below):</u>
Electrical:	C-8
Heating:	G-2, G-8, MT-2, VT-2, HPG-2, PP-2, SM-6, OE-2
Elevator:	R-8, R-10
Plumbing:	SP-2, SPB
Well Drilling:	W-4, W-8

Section I: Trainee Applicant Information

First Name, Middle Initial, Last Name			Trainee License Type Applying For	
Residence Address		City		State
Zip Code		Telephone Number		
Email Address to be used for all correspondence		Social Security Number		Date of Birth
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, attach statement providing the date(s) and nature of conviction(s).</i>				
<i>I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.</i>				
_____ <i>Trainee Applicant's Signature</i>			_____ <i>Date</i>	

Section II: Trainee Program Supervisor Information:

1. Do you have an established trainee program with DCP? YES NO *If "No", the following documentation must be submitted with this application:*
 - Applicant training program outline including content and hours for both related instruction and on the job training which shall be followed.
 - List of all licensed persons and license numbers and type(s) that are available to supervise and train such applicant.
 - List of existing trainees employed and registration numbers. NOTE: Total number of trainees employed cannot exceed number of license holders in company.

Company Name				
Trainee Supervisor's Name			Trainee Supervisor's License Number	
Office Address		City		State
Zip Code		Email Address		
Telephone Number		Mailing Address (if different from above)		
City		State		Zip Code

Any person making any misstatement as to experience or other qualifications, or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided for in the Connecticut General Statutes.

Signature of Supervisor	Date
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