ATR- REV 2/26

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LICENSE SERVICES DIVISION
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Email: dcp.occpro@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:

Trainee Type:	**Trainee Corresponding License Type (must be entered in Section I below):**
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? ☐ **YES** ☐ **NO** *If Yes, attach statement providing the date(s) and nature of conviction(s).*

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.

_____ _____
Trainee Applicant's Signature *Date*

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