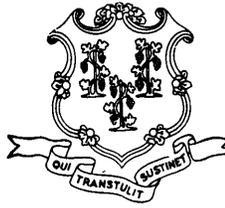


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
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 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



For Official Use Only

## Home Improvement Contractor Reinstatement Form

- **This form can only be used to reinstate an expired registration.** The registration number you wish to reinstate must be entered on this form.
- A total **reinstatement fee of \$242.00** must accompany this form. Checks or money orders should be made payable to *“Treasurer, State of Connecticut.”*
- Return this completed form with the applicable fee to the above address.
- All registrations expire annually on November 30<sup>th</sup>. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.

### Registration Number

Home Improvement Contractor Registration Number to be Reinstated	Expiration Date of Registration

### Contractor Information

Name of Contractor to be Reinstated			
Trade Name (DBA)			
Street Address	City	State	Zip Code
Telephone Number	Email Address		
Mailing Address (if different than above)			
Street Address	City	State	Zip Code
Reinstatement Questions			
1). Have you, any partners, members, or corporate officers or the business entity itself been convicted of a felony crime since the date of last application? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, attach a statement of explanation.			
2). Have you, any partners, members, or corporate officers or the business entity itself had any adverse court judgments or administrative orders entered since the date of last application? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, attach a statement of explanation.			

### Certification

*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.*

Signature Date