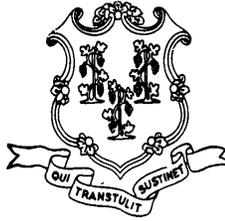


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 165 Capitol Avenue
 Hartford, CT 06106
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



Inactivation Request Form – Individual License

- ❖ Any individual currently holding a license issued by the Department of Consumer Protection, may submit this form to request their license be withdrawn and made inactive.
- ❖ A licensee withdrawing their license shall not practice or offer to practice the occupation or trade for which the license was originally issued.

Instructions

1. The license type, number and expiration date must be entered on this application.
2. Return this completed form with attached documentation to the above address.

Applicant Information

Name				
Street Address		City	State	Zip Code
Telephone Number	Date of Birth	Email Address		
Mailing Address (if different from above)				
Address		City	State	Zip Code

License Information

License Type	License Number	Expiration Date
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Attestation

I understand I am requesting to withdraw my license prohibiting the practice of the occupation or trade for which the license was originally issued I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided on this application is the truth to the best of my knowledge.

Signature

Date