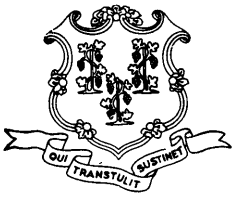
MEC - Rev. 03-11-2016

S TATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
Telephone: (860) 713-6135 Website: www.ct.gov/dcp
Email: dcp.occupationalprofessional@ct.gov



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APPLY ONLINE
For your convenience, we allow credit card payments.
Start yours at: www.ct.gov/dcp/apply

APPLICATION FOR REGISTRATION AS MECHANICAL CONTRACTOR

INSTRUCTIONS:
All spaces must be completed - please print or type. This application **must be accompanied by a check or money order for $110.00,** made payable to "*Treasurer, State of Connecticut.*" Application fees are non-refundable. You must be registered with the Secretary of State in Connecticut as a domestic or foreign corporation at the time of this application. All registrations expire annually on August 31st.

➔ **Return your completed application and fee to:**
Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

PRIMARY EMAIL ADDRESS
Please list the primary email address to be used for all communication regarding this document, such as approval, rejection, and renewal notification:

Legal Name of Applicant/Company				
Trade (DBA) Name if applicable		Name of Owner (if different from applicant)		
Street Address		City	State	Zip Code
Telephone Number (with area code)	FEIN	Email Address		
Mailing Address (if different from above)				
Street Address		City	State	Zip Code

Indicate Organizational Structure:
☐ Sole Proprietorship ☐ Corporation ☐ Professional Corporation (PC) ☐ Limited Liability Company (LLC)
☐ Partnership ☐ Limited Partnership

Is your company current on all tax payments to the state? ☐ Yes ☐ No	Business ID# issue by the Connecticut Secretary of State (Required)

Has the applicant or any of the directors, officers, members or managers been convicted of a felony crime? ☐ Yes ☐ No
If yes, please complete and attach the "Review of Criminal Conviction" form available on our web site at: www.ct.gov/dcp/conviction

List below the names, license types and license numbers of all employees (at least 10) performing such work. Use additional sheets if necessary.

Name	License Type	License Number

PERSONAL AFFIDAVIT

The undersigned being duly sworn, upon his/her oath deposes and says that all information contained in this application to the best of his/her knowledge and belief are true and made in good faith.

Signature of Applicant	Signature – Notary Public
Date	Date