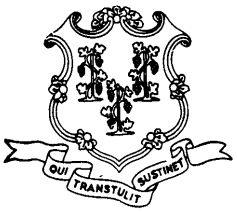
HIC Rein 4/11

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

Registration Number

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

Contractor Information

Name of Contractor to be Reinstated			
Street Address	City	State	Zip Code
Telephone Number	Email Address		
Have you, any partners, members, or corporate officers been convicted ever been convicted of a felony crime? ☐ Yes ☐ No If Yes, attach a statement of explanation.			
Mailing Address (if different than above)			
Street Address	City	State	Zip Code

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* _____