HIS Rein New 7/13

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

For Official Use Only

Home Improvement Salesperson 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 $176.00** must accompany this form. Checks or money orders should be made payable to *"Treasurer, State of Connecticut."*
- The Employer (Home Improvement Contractor) must authorize and sign this form. Return this completed form with the applicable fee to the above address.
- All registrations expire annually on November 30th. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.

Registration Number

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

Salesperson Information

Name of Salesperson to be Reinstated			
Street Address	City	State	Zip Code
Telephone Number	Email Address		

1). Have you been convicted of a felony crime since the date of your last application? ☐ Yes ☐ No If Yes, attach a statement of explanation.

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 of Salesperson *Date*

Employer (Home Improvement Contractor) Information

Name of Employer			
Street Address	City	State	Zip Code
Telephone Number	Home Improvement Contractor Registration Number	Expiration Date	

I certify that the above named salesperson is authorized to solicit on behalf of the undersigned registered contractor.

Signature of Home Improvement Contractor *Date*