

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
Division of Fire, Emergency & Building Services
OFFICE OF STATE FIRE MARSHAL

Dear Applicant:

Attached is your application for a Certificate of Registration as a **NEW** Demolition Contractor.

PLEASE NOTE:

This application must be filled out in its entirety. **DO NOT** leave any items blank. Failure to answer each and every item will result in the application being returned to you for completion.

Please avoid a delay in processing your application by reviewing your application for completeness including the following:

1. On the first page of the application, if you are a Limited Liability Corporation (LLC), please list the officers as required by a corporation and have an officer of the corporation sign on the "Signature and Title of Applicant" line.
2. For the information requested on the "Designated Technical Expert", please attach a separate **DETAILED** resume in regards to the Designated Technical Expert. Please include work history, any schooling or seminars. Please furnish evidence of expertise and examples of past work performed in accordance with Connecticut General Statutes 29-402. If you are applying for a Class "A" license, please list all jobs completed which were over 2 ½ stories or 35 feet in height.
3. Be sure to sign the application and reference Connecticut General Statutes 29-401 through 29-415 as well as Connecticut Regulations 29-401-1 through 29-401-5, for strict compliance with the State of Connecticut Demolition code.

Thank you for your attention and co-operation in this matter.

Department of Public Safety
Office of State Fire Marshal
Bureau of Investigation & Enforcement

1111 Country Club Road
Middletown, CT 06457

**DEMOLITION CONTRACTOR'S APPLICATION FOR A
CERTIFICATE OF REGISTRATION**

NEW APPLICATION

INSTRUCTIONS

1. Print or type all items except signature.
2. Submit a check made payable to "Treasurer, State of Connecticut" in the amount of:
\$940 for a NEW CLASS "A" Certificate
\$440 for a NEW CLASS "B" Certificate
3. Enclose a resume for the Designated Technical Expert.
4. Provide Proof of Financial Responsibility to engage in the demolition business (ex.-letter of good standing from your bank, lending institution, CPA, or credit agency)
5. Submit a list of completed jobs with copies of corresponding permits.
6. Letter from your insurance carrier stating if license if granted, you are able to be insured to perform demolition work.
7. Any fraudulent statement made herein shall be grounds for revocation of any Certificate of Registration issued.

<u>OFFICE USE ONLY:</u>	<u>CERTIFICATE #</u>	<u>CLASS</u>
	<u>CHK #</u>	<u>AMOUNT</u>
		<u>DATE</u>

NAME OF APPLICANT (Business Name) _____

Street Address _____

City or Town _____

State _____ Zip Code _____

Owner's Social Security Number : _____

Owner's Federal Employers Identification Number: _____

Telephone Number: _____

Type of Ownership:

Corporation Partnership Sole Proprietor LLC

When organized: _____

If a Corporation, State organized in: _____

Other than Connecticut Corporations, are you registered as a foreign corporation?

Yes No

FOR PARTNERSHIP, LIST NAMES AND ADDRESSES OF ALL PARTNERS.
FOR CORPORATIONS OR LLC, LIST NAMES AND ADDRESSES OF
PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER.

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

CORPORATION: I hereby certify that, at a board meeting, the president of this firm was authorized to make this application.

DATE OF BOARD MEETING: _____

USE SEPARATE SHEETS TO LIST DEMOLITION WORK COMPLETED.
INCLUDE ALL OF THE FOLLOWING INFORMATION WITH EACH JOB:

- START AND COMPLETION DATE
- SIZE
- DESCRIPTION OF WHAT WAS DONE
- LOCATION
- NAME OF A CONTACT PERSON AND THEIR PHONE NUMBER TO VERIFY THE WORK DONE
- COPY OF PERMIT PULLED FOR DEMOLITION

FOR A CLASS "B" CERTIFICATE OF REGISTRATION, THIS LIST NEEDS TO ADD UP TO 3 YEARS; FOR A CLASS "A" CERTIFICATE OF REGISTRATION, THIS LIST NEEDS TO BE ALL PROJECTS THAT WERE **OVER** 2 ½ STORIES OR 35' IN HEIGHT AND NEEDS TO ADD UP TO 5 YEARS.

HAVE YOU EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU, OR DEFAULTED ON A CONTRACT { } YES { } NO IF YES, WHERE AND WHY?

IF THE APPLICANT IS A BUSINESS ORGANIZATION, HAS ANY OFFICER, EMPLOYEE OR TECHNICAL EXPERT BEEN CONVICTED OF ANY VIOLATION OTHER THAN MOTOR VEHICLE VIOLATIONS WITHIN THE PAST FIVE (5) YEARS? [] YES [] NO IF YES, GIVE DATES, CHARGES AND PENALTIES IMPOSED.

DESIGNATED TECHNICAL EXPERT:

NAME _____ ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____ - _____ - _____

EXPERIENCE AND TRAINING: Please attach a separate resume for the Designated Technical Expert.

STATEMENT OF APPLICANT:

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth; I do hereby assert and agree, as a condition precedent to the receiving of said license, that the same may, at any time, be revoked or suspended by the Commissioner of Public Safety for any infraction of, or failure to comply with, any provisions of law or regulation relating to demolition.

There are no misrepresentations in, or falsifications of, statements and answers to questions in this application.

DATE

SIGNATURE & TITLE OF APPLICANT

Sworn and subscribed before me this _____ day of _____ ,
_____ by _____.

My Commission expires on _____ , _____.