



**Connecticut Department of
Energy & Environmental Protection**

General Permit Registration Form for the Collection and Storage of Post-Consumer Paint

Please complete this form in accordance with the [instructions](#) (DEEP-RCY-INST-015) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this completed form.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Product Stewardship	

Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for a (check all that apply):</p> <p><input type="checkbox"/> <i>New general permit registration</i></p> <p><input type="checkbox"/> <i>Renewal of an existing registration</i></p>	<p>For renewals:</p> <p>1. Existing registration number:</p> <p>2. Expiration Date:</p>
<p>Town(s) where the paint collection site(s) are located: _____</p>	

Part II: Fee Information

<p>The Representative Organization is responsible for the administrative costs associated with the paint stewardship program, including the cost of registration under this general permit as established under the approved Paint Stewardship Program Plan. There is no fee assessed to the Registrant. [#1862]</p>
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Part III: Registrant Information

- If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant's name shall be stated exactly as it is registered with the Secretary of State. This information can be accessed at [CONCORD](#).
- If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.)
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. Retailer/Registrant Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
*E-mail:			
*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.			
a) Registrant Type (check one): <input type="checkbox"/> individual <input type="checkbox"/> *business entity			
*If a business complete i through iii:			
i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership			
<input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____			
ii) provide Secretary of the State business ID #: _____ This information can be accessed at CONCORD			
iii) <input type="checkbox"/> Check here if your business is NOT registered with the SOTS.			
<input type="checkbox"/> Check here for any co-registrants. For each co-registrant, attach additional sheet(s) with the required information as requested above.			
b) Registrant's interest in property at which the proposed activity is to be located:			
<input type="checkbox"/> site owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee <input type="checkbox"/> easement holder <input type="checkbox"/> operator			
<input type="checkbox"/> other (specify): _____			
2. Primary contact for departmental correspondence and inquiries, if different than the registrant.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
Contact Person:	Title:		
*Email:			

Part III: Registrant Information (continued)

3. Property Owner, if different than the registrant:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
Contact Person:	Title:		
*Email:			
*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.			

Part IV: Paint Collection Site Information

Name of Paint Collection Site :		
Street Address or Location Description:		
City/Town:	State:	Zip Code:

- Check here if registering more than one paint collection site. Submit additional sheets as necessary to provide the information in Part IV for each paint collection site.

Part V: Supporting Documents

Check the appropriate box for the attachment being submitted to verify that *all* applicable attachments have been submitted. When submitting any supporting documents:

- (1) label each document with its respective attachment letter (e.g., Attachment A, etc.);
- (2) include the registrant's name as registered with the Secretary of State and on this registration form.

REQUIRED:
<input type="checkbox"/> Attachment A: 8 ½" x 11" copies of the appropriate USGS Quadrangle Map portion and shall indicate the location of each retail paint collection site being registered. Multiple retail paint collection sites may be indicated on each USGS Quadrangle Map. Show the exact location of each Paint Collection Site and the area within a one mile radius of the Paint Collection Site(s). Identify the quadrangle name and number on such copy.
If multiple USGS Map copies are attached, please indicate the total number of USGS Map copies attached: _____

Part VI: Certification

Both the Retailer/Registrant *and* the Representative Organization must sign this part. A registration will be considered incomplete unless all required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I understand that the subject activity is authorized only on or after the date the commissioner issues a written approval of registration with respect to such activity.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.”</p>	
Signature of Retailer/Registrant	Date
Name of Retailer/Registrant (print or type)	Title (if applicable)
Signature of Representative Organization	Date
Name of Representative Organization (print or type)	Title (if applicable)

Note: Please submit this completed Registration Form, including supporting documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127