



**STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF PUBLIC TRANSPORTATION
REGULATORY AND COMPLIANCE DIVISION UNIT 7072
2800 BERLIN TURNPIKE
NEWINGTON, CT 06111**



DATE _____

APPLICATION NO. _____ PERMIT NO. _____

**APPLICATION FOR AUTHORITY TO TRANSFER HEADQUARTERS OR TO ADD
ADDITIONAL HEADQUARTERS**

Please type or print. This application must be accompanied by a fee of **TWO HUNDRED DOLLARS (\$200.00)** in cash, check or money order payable to "Treasurer, State of Connecticut". Please do not mail cash. The application fee is non-refundable. If additional space is required for any item, please attach a separate sheet. Please ensure that all applicable sections are completed as failure to do so may result in delayed processing or a returned application. Please submit this information to the following address:

Connecticut Department of Transportation
Regulatory and Compliance Unit 7072
2800 Berlin Turnpike
Newington, CT 06131-7546
(860) 594-2865

(Please complete the information below in its entirety.)

SECTION I

APPLICANT _____

COMPANY NAME _____
(Name of individual, Partnership, Corporation, or Limited Liability Company)

TRADE NAME (if applicable) _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____
(Include area code)

DATE _____

APPLICATION NO. _____

PERMIT NO. _____

NOTICE OF SOCIAL SECURITY OR FEDERAL EMPLOYEE IDENTIFICATION

Pursuant to Connecticut General Statute 4a-79, applicants must file their applicable Social Security Identification Number or Federal Employee Identification Number with every application for a license from the State of Connecticut.

Please note that this information is forwarded annually to the Connecticut Department of Revenue Service. However, it is kept in a confidential file and is not offered as public information. Failure to file this information with an application may cause the application to be delayed and/or withdrawn as incomplete.

Please fill out the following information completely:

APPLICANT:

INDIVIDUAL SOCIAL SECURITY NUMBER: _____

OR

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: _____

**TO BE EXECUTED BY SOLE PROPRIETOR, AUTHORIZED PARTNER,
AUTHORIZED OFFICER OF CORPORATION, OR AUTHORIZED MEMBER OF
LIMITED LIABILITY COMPANY**

State of Connecticut

County of _____

I (We), the undersigned:

Applicant (s)

(Print – name) (Title) (Telephone)

(Print – name) (Title) (Telephone)

(Print – name) (Title) (Telephone)

Under oath, say that the foregoing application has been prepared by me, or under direction, that I have carefully examined the same, and I declare the same to be correct to the best of my knowledge, information, and belief under the penalties of perjury.

Subscribed and sworn to before me this _____ day of _____, _____.
(Day) (Month) (Year)

Applicant (s) Signatures:

Notary Public/Commissioner of Superior Court