



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 License Services Division  
 165 Capitol Avenue  
 Hartford, CT 06106  
 (860) 713-6000  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

FOR OFFICIAL USE ONLY

**APPLICATION FOR HOME IMPROVEMENT SALESPERSON**

In accordance with the Connecticut General Statutes, Chapter 400 "Salesperson" means any individual who (A) negotiates or offers to negotiate a home improvement contract with an owner or (B) solicits or otherwise endeavors to procure by any means whatever, directly or indirectly, a home improvement contract from an owner on behalf of a contractor.

Checks or money orders should be made payable to: "*Treasurer, State of CT*"

**Registration Fees : ( \$120.00 Registration Fee/\$40.00 Guaranty Fund Fee)**  
**All Registrations Expire November 30 and Must Be Renewed Annually**  
**Total Due: \$160.00**

**Instructions:**

**SEC I.**            Personal Information.  
 Print your personal information.

**SEC II.**            Employer Information.  
 Print your employer's business information.

**SEC III.**           Relevant Information.  
 Answer all questions listed.

**SEC IV.**           Notarized Signatures for yourself and your employer.  
 Please note that this section must be complete or your application will not be processed.

**Sec. I Personal Information**

Name of Salesperson		Email Address	
Residence Address			PO Box
City	State	Zip Code	
Home Telephone Number (with area code)		Business Telephone Number (with area code)	
Social Security Number	Date of Birth	Driver's License Number	State

**Sec. II Employer Information**

Name of Employer		Business Name	
Street Address			PO Box
City	State	Zip Code	
Home Improvement Contractor Registration Number		Business Telephone Number (with area code)	

**Sec III Relevant Information**

1. Have any court judgments or administrative orders been issued against you or any person, company or entity that is affiliated with you, as a result of your home improvement activities in any state?  Yes  No

If yes: Provide, on a separate sheet, a written, notarized statement of the facts including the disposition and attach it to this application.

2. Have you ever been convicted of a felony?  Yes  No If yes, please provide on a separate sheet, date(s) and nature of conviction(s), where the cases were decided and a detailed description of the circumstances relating to each conviction(s).

3. Have you previously held a CT Home Improvement Salesperson or Contractor Registration?  Yes  No

If yes, when? \_\_\_\_\_ Registration Number \_\_\_\_\_

**Certification**

Connecticut General Statutes, Sec. 53a-157 provides "A person is guilty of false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function."

**Sec. IV Notarized Statement**

To be completed by Salesperson:

I CERTIFY, UNDER PENALTY OF LAW (SEC. 53a-157, CLASS A MISDEMEANOR), THAT THE ABOVE PROVIDED INFORMATION IN THIS APPLICATION IS THE TRUTH TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF SALESPERSON DATE

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNED:(COMMISSIONER OF SUPERIOR COURT/NOTARY PUBLIC/JUSTICE OF THE PEACE) SEAL:

To be completed by the Employer/Contractor:

I CERTIFY, UNDER PENALTY OF LAW (SEC. 53a-157, CLASS A MISDEMEANOR), THAT THE ABOVE PROVIDED INFORMATION IN THIS APPLICATION IS THE TRUTH TO THE BEST OF MY KNOWLEDGE.

THIS IS TO CERTIFY THAT \_\_\_\_\_ OF \_\_\_\_\_  
NAME OF SALESPERSON RESIDENCE ADDRESS

IS AUTHORIZED TO SOLICIT ON BEHALF OF THE UNDERSIGNED REGISTERED CONTRACTOR.

SIGNATURE (AND TITLE IF A CORPORATION) \_\_\_\_\_ DATE: \_\_\_\_\_

HOME IMPROVEMENT CONTRACTOR'S  
REGISTRATION NUMBER:

EXPIRATION DATE:

SUBSCRIBE AND SWORN

**PLEASE NOTE:**

- 1. Completed application and payment can be **mailed or delivered** to:  
**Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**
- 2. Your application must be signed in front of a **Notary Public, an Attorney, or Justice of the Peace.**
- 3. Please allow approximately three weeks for processing, issuing, printing, and mailing of your registration card if your application is complete when received. Incomplete applications will be returned. During this period, you are **NOT REGISTERED.**
- 4. You must notify the Department in writing of any **change of address (residence or business) or change of employer name.**
- 5. Registration certificates are **non-transferable.**

➤ **NOTE: IF YOU SELL FOR MORE THAN ONE HOME IMPROVEMENT CONTRACTOR YOU MUST SEND IN A SEPARATE APPLICATION FOR EACH**