



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Engineering & Enforcement Division

Attachment A: Applicant Background Information Voluntary Association/Individual or Other

Voluntary Association

1. List authorized persons of association or list all members of association.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

Individual or Other Business Type

1. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

2. State other names by which the applicant is known, including business names.

Name:

Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.