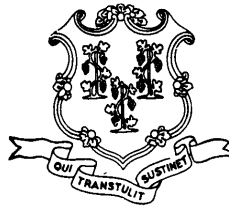


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 To apply online visit: www.ct.gov/dcp/apply



Manufacturer of Bedding & Upholstered Furniture License Application

- A current copy of the Uniform Registry Number License Certificate from the issuing state must be submitted with this application (if applicable).
- A current copy of the Law Tag must be submitted with this application (if applicable).
- This completed application must be accompanied by a **check or money order in the amount of \$100.00.** Checks should be drawn on a US Bank or International Money Order and made payable to "Treasurer, State of Connecticut." Application fees are non-refundable and non-transferable.
- A Sterilization Permit may be required for a Manufacturers license. Please review the instructions available on our website at www.ct.gov/dcp or email dcp.productsafety@ct.gov for additional information.
- All licenses expire annually on April 30th.
- Mail this completed form with the applicable fee to the above address.

Uniform Registry Number

This firm has been issued the following **UNIFORM REGISTRY NUMBER** from another state and request that this number be assigned in the State of Connecticut:

#:

Applicant Information

Name of Licensee

Street Address (Principal Place of Business)

Suite, Bldg, etc.

City State or Province Country Zip Code

Telephone Number

Email Address to be used for all correspondence (mandatory)

FEIN (if applicable)

Name of Parent Company (Corporation, LLC, Partnership, etc.)

Name of Principal Officer in Charge

Mailing Address (if different than above)

Name

Attention Line (indicate individual name, department, etc.)

Street Address or Post Office Box

Suite, Bldg, etc.

City State or Province Country Zip Code

Products or Processes

Indicate principal filling materials being used or handled

Certification

Pursuant to the provisions of the Bedding and Upholstered Furniture Act, this application is hereby made by the undersigned and the appropriate fee submitted for approval. I agree to forward, in duplicate, a sample of the law tag to be attached to articles on bedding, upholstered furniture or filling materials. I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

Signature

Title

Date