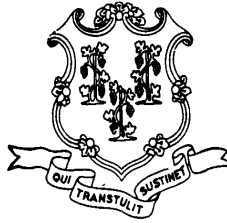


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste. 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Inactivation Request Form – Individual License

- ❖ Any individual currently holding a license issued by the Department of Consumer Protection, may submit this form to request their license be withdrawn and made inactive.
- ❖ A licensee withdrawing their license shall not practice or offer to practice the occupation or trade for which the license was originally issued.

### Instructions

1. The license type, number and expiration date must be entered on this application.
2. Return this completed form to the above address.

### Applicant Information

Name				
Street Address		City	State	Zip Code
Telephone Number	Date of Birth	Email Address		
Mailing Address (if different from above)				
Address		City	State	Zip Code

### License Information

License Type	License Number	Expiration Date
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### Attestation

*I understand I am requesting to withdraw my license prohibiting the practice of the occupation or trade for which the license was originally issued I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided on this application is the truth to the best of my knowledge.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*