

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103



To apply online visit: [www.elicense.ct.gov](http://www.elicense.ct.gov)

## Occupational Trade Television & Radio Dealer-Technician License Application

For a complete list of license types, the scope of work covered and application requirements, visit our website at [www.ct.gov/dcp](http://www.ct.gov/dcp).

### Instructions:

- 1). All sections on this application must be completed and signed by the individual applying for licensure.
- 2). A check and/or money order in the amount of **\$200.00 made payable to "Treasurer, State of Connecticut"** must accompany this application. Application fees are non-refundable.
- 3). The applicable required documentation for each license type must be submitted with this completed application.
  - You must have held the respective Connecticut journeyman license for minimum of two (2) years prior to applying. Include a copy of your Connecticut license.
  - If you are applying for equivalent experience and training, include all documentation that demonstrates your past experience and training for the license type you designate.
- 4). Mail your completed application, the appropriate required documentation for the license type and fee to the above address.

### Applicant Information:

First Name, Middle Initial, Last Name			License Type Applying For:			
Residence Street Address		City or Town		State	Zip Code	
Telephone Number	Email Address		Social Security Number		Date of Birth	
Mailing Address (if different from above)			City or Town		State	Zip Code
1). Do you presently hold a license for your occupation in any State? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2). Have you ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a completed Criminal Conviction Worksheet. You can download the worksheet on our website at <a href="http://www.ct.gov/dcp">www.ct.gov/dcp</a> .						
3). Are you a military service member or veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you may wish to contact the CT Department of Labor at (860) 263-6128 to request a Recommendation for Review for any experience and training you received related to this application.						

### Attestation:

*I attest under the penalties of the Connecticut General Statutes, Section 53a-157b, that the information provided in this application is the truth to the best of my knowledge. By signing this application, I authorize the Department of Consumer Protection (DCP) to access and use the photo that appears on my driver's license or non-driver identity card. I understand the photo will be retained in DCP's records and used in connection with the credential that DCP is issuing in my name.*

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date