

**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 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 **\$80.00 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 include an original copy of the Letter of Apprenticeship Completion issued by the Connecticut Department of Labor Apprenticeship Training Division.
  - 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