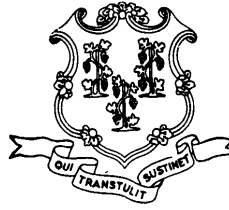


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103



For Official Use Only

To apply online visit: www.elicense.ct.gov

Swimming Pool Maintainer Journeyperson (SP2) License Application

Instructions:

All sections on this **application must be completed and signed** by the individual applying for licensure. The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed.

A check and/or money order in the amount of **\$90.00 made payable to "Treasurer, State of Connecticut"** must accompany this application. This fee is non-refundable.

Applicants must include the appropriate required documentation for this license type:

Proof that the applicant has obtained the designation entitled "Certified Pool & Spa Service Technician" OR "Certified Pool & Spa Maintenance Specialist" from the "Pool and Hot Tub Alliance" (PHTA) trade association. (www.phta.org)

Letters from employer(s) including dates of employment and a detailed description of work experience related to the scope of work of the SP2 Journeyperson license type. **Letters must be on company letterhead and notarized.**

Applicant Information:

First Name, Middle Initial, Last Name				
Residence Street Address		City or Town	State	Zip Code
Telephone Number (w/ area code)	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 If yes, attach a copy of any licenses with this application.				
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 from our website at www.ct.gov/dcp .				

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