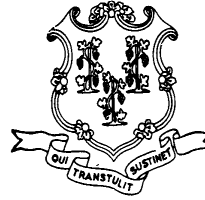


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste. 801  
 Hartford, CT 06103  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Application for Restoration from Retiree Status

- ❖ This form is to be used by any person currently holding a Retiree Status License.
- ❖ If applicable, you may be required to provide proof of the continuing education requirement for the current renewal cycle.
- ❖ A separate application and fee is required for each license to be restored.

### Instructions

1. The license type and license number must be entered on this application.
2. The fee to restore your license is **\$379.00**.
3. A completed form with the applicable fee will restore the license to the **current** renewal year. Checks or money orders should be made payable to *"Treasurer, State of Connecticut."*
4. Return this completed application and fee to the above address.

### License Information

|              |                |
|--------------|----------------|
| License Type | License Number |
|--------------|----------------|

### Applicant Information

|   |               |       |          |
|---|---------------|-------|----------|
| Name  |               |       |          |
| Street Address  | City          | State | Zip Code |
| Telephone Number  | Email Address |       |          |
| Have you been convicted of a felony crime since the date of your last application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a letter of explanation. |               |       |          |

### Attestation

*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*