



DEPARTMENT OF CONSUMER PROTECTION
Occupational & Professional Licensing Division
165 Capitol Avenue - Room 110 - Hartford, CT 06106

**RETURN PACKAGE TO:
TRADE PRACTICES DIVISION**

DEAR APPLICANT:

RE: REVIEW OF FELONY CONVICTION

This is to acknowledge receipt of your Application, Renewal or Reinstatement.

Your application indicates that you have had a prior felony conviction. Pursuant to Section 46a-80(b) of the Connecticut General Statutes, the specifics of your felony background must be documented for review in order to determine your eligibility for a license.

- 1. Complete the Criminal Conviction Application Worksheet below.
- 2. Attach copies of your conviction, sentencing, parole and probation documents.
- 3. Attach a letter from your Probation Officer attesting to compliance with your Probation Order or details regarding non-compliance with your Probation Order.
- 4. If Probation has been satisfied, attach a letter from your Probation Officer stating when you completed your probationary period.
- 5. Attach a letter from your Parole Officer attesting to compliance with your Parole Order or details regarding non-compliance with your Parole Order.
- 6. If Parole has been satisfied, attach a letter from your Parole Officer stating when you completed your parole. If Parole has not been completed, provide the date on which it will be completed.

CRIMINAL CONVICTION APPLICATION WORKSHEET

Please Print Clearly

Pursuant to CHRO Criteria --SECTION 46a-80

APPLICANT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY# _____

CHECK ONE: NEW APPLICANT RENEWAL REINSTATEMENT DATE OF APPLICATION _____

LICENSE TYPE: _____ LICENSE # _____

DATE OF CRIME _____ DATE OF CONVICTION _____

SIGNATURE OF APPLICANT: _____ DATE _____

Official Use Only

Nature of crime: _____

What is relationship of crime to the license for which the person has applied? _____

What is the degree of rehabilitation? _____

What is the time lapsed since conviction or release? _____

DIVISION DIRECTOR: Approval Denial Refer to Legal Division Refer to Board or Commission

Signature _____ Date _____

Instructions for Processing _____

Additional Information Required _____