NHC Rein New 7/13

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.licenseservices@ct.gov
Web site: www.ct.gov/dcp

For Official Use Only

New Home Construction Contractor Reinstatement Form

- **This form can only be used to reinstate an expired registration.** The registration number you wish to reinstate must be entered on this form.
- A total **reinstatement fee of $792.00** must accompany this form. If you hold an active Home Improvement Contractor registration under the same name, a total reinstatement fee of $552.00 must accompany this form. Checks or money orders should be made payable to *"Treasurer, State of Connecticut."*
- Return this completed form with the applicable fee to the above address.
- All registrations expire biennially on September 30th. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.

Registration Number

New Home Construction Contractor Registration Number to be Reinstated	Expiration Date of Registration

Contractor Information

Name of Contractor to be Reinstated			
Trade (Business) Name			
Street Address	City	State	Zip Code
Telephone Number	Email Address		

1). Have you, any partners, members, or corporate officers been convicted of a felony crime since the date of your last application?
☐ Yes ☐ No If Yes, attach a statement of explanation.

2). Does this contractor hold an active Home Improvement Contractor registration in the State of CT? ☐ Yes ☐ No If Yes, provide the Home Improvement Contractor Registration #: _____

Mailing Address (if different than above)			
Street Address	City	State	Zip Code

Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

Signature _____ *Date* _____