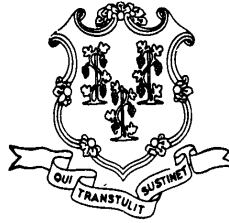


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 165 Capitol Avenue
 Hartford, CT 06106
 Email: dcp.licenseservices@ct.gov
 Web site: www.ct.gov/dcp



Application for Retiree Status License

- ❖ Any person currently holding an active license issued by the Department of Consumer Protection pursuant to title 20 who has attained the age of sixty-five (65) may renew his or her license as a retirement status license pursuant to subsections (b) to (d), inclusive, of section 21a-10a of the Connecticut General Statutes.
- ❖ Retiree status may be requested by individual license holders only.
- ❖ A licensee issued a retirement status license shall not practice or offer to practice the occupation or trade for which the license was originally issued.

Instructions

1. The license type, number and expiration date must be entered on this application.
2. A copy of your current driver's license or proof that you have attained the age of sixty-five (65) must accompany and be attached to this application.
3. Your current active license certificate issued by the Department of Consumer Protection must be returned and attached to this application. In lieu of the certificate, a sworn statement as to the license certificate's whereabouts is required.
4. The fee for retirement status is **\$20.00** per license. A separate application and fee is required for each license. Checks or money orders should be made payable to "Treasurer, State of Connecticut." Return this completed application, attached documentation and fee to the above address.

Applicant Information

Name				
Street Address		City	State	Zip Code
Telephone Number	Date of Birth	Email Address		

License Information

License Type	License Number	Expiration Date
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Attestation

I understand I am requesting retiree status and accept the restriction on the retirement status license prohibiting the practice of the occupation or trade for which the license was originally issued. 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