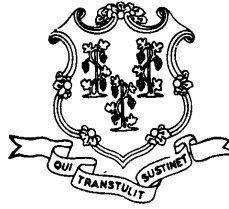


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103  
 Email: [dcp.occpro@ct.gov](mailto:dcp.occpro@ct.gov)  
 To reinstate online, go to [www.elicense.ct.gov](http://www.elicense.ct.gov)



## Occupational Trade Journeyperson License Reinstatement Application

An occupational trade journeyperson license may be reinstated provided a completed reinstatement form and all applicable fees are submitted **not later than three (3) years after the date of expiration of the license.**

### Instructions:

- All sections on this application must be completed and signed by the individual applying for reinstatement.
- A check and/or money order for the applicable fee **made payable to "Treasurer, State of Connecticut"** must accompany this application. Application fees are non-refundable.
- Return this completed form with the applicable fee to the above address.
- All approved reinstatement applications with the applicable fee(s) will reinstate the indicated license to the current renewal year.

### Reinstatement Fees:

- If **you worked** in Connecticut as an occupational trade journeyperson while your license was expired, a total reinstatement fee of **\$132.00** (\$120.00 plus \$12.00 late fee) **for each year you worked, not to exceed three years**, must accompany this completed reinstatement application.
- If you **did not work** in Connecticut as an occupational trade journeyperson while your license was expired, a total reinstatement fee of **\$120.00** must accompany this completed reinstatement application.

### Applicant Information

|                                                                                                                                                                                                                                                |               |                |                            |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------------------|----------|
| First Name                                                                                                                                                                                                                                     |               | Middle Initial | Last Name                  |          |
| Residence Street Address                                                                                                                                                                                                                       |               | City or Town   | State                      | Zip Code |
| Telephone Number                                                                                                                                                                                                                               | Date of Birth | Email Address  |                            |          |
| Occupational Trade Journeyperson License Type and License Number to be Reinstated                                                                                                                                                              |               |                | Expiration Date of License |          |
| Please check (✓) the box next to the statement that applies to you (check one):                                                                                                                                                                |               |                |                            |          |
| <input type="checkbox"/> <b><u>I worked</u></b> under my occupational trade journeyperson license in Connecticut while my license was expired.                                                                                                 |               |                |                            |          |
| <input type="checkbox"/> <b><u>I did not</u></b> work under my occupational trade journeyperson license in Connecticut while my license was expired.                                                                                           |               |                |                            |          |
| 1. Have you been convicted of a felony crime since the date of last application?                                                                                                                                                               |               |                |                            |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, submit a completed Criminal Conviction Worksheet with this form.<br>The worksheet can be found at <a href="http://www.ct.gov/dcp/conviction">www.ct.gov/dcp/conviction</a> |               |                |                            |          |

### 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.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date