

Application valid until December 31st. 2013  
 STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
 Telephone: (860) 713-6135  
 Email: [DCP.occupationalprofessional@ct.gov](mailto:DCP.occupationalprofessional@ct.gov)  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



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**Application for Swimming Pool Builder License:** Application fee: **\$150 payable to "Treasurer State Of Connecticut"**  
 This Application form is **ONLY** valid until December 31<sup>st</sup>. 2013. For consideration of; equivalent education and experience.

**Sec. 20-340d**, of the Connecticut General Statutes: "**swimming pool**" means: a permanent spa or any in-ground or partially above-ground structure intended for swimming that is greater than twenty-four inches in depth, and (2) "swimming pool builder" means a person who, for financial compensation, excavates and grades for and constructs and installs a swimming pool, including, but not limited to, tiling, coping, decking and installation of associated circulation equipment such as pumps, filters and chemical feeders.

*Applicants are individuals showing documentation of experience and business ownership or affiliation*

*"No person that has been issued a Swimming Pool Builder License shall at any time engage in any of the work for which this license is required without concurrently maintaining a Home Improvement Registration as issued under **Chapter 400 Sec. 20-418**, of the Connecticut general Statutes. [www.ct.gov/dcp](http://www.ct.gov/dcp)*

→ Eligibility for Swimming Pool Builder License: **See Attachment "A"**

→ Return this completed application by December 31<sup>st</sup> 2013 to:

**Department of Consumer Protection  
 Occupational and Professional Licensing Division  
 165 Capitol Avenue, Hartford, CT 06106**

Applicant First Name		Middle Initial	Applicant Last Name		Occupation <b>Swimming Pool Builder (SPB)</b>	
Street Address		City or Town			State	Zip Code
Telephone Number (w/ area code)		Social Security Number		Email Address		Date of Birth
Your associated registered Employer / Company Name / or Self					Telephone Number (w/ Area Code)	
Street Address		City or Town			State	Zip Code
CT. Home Improvement Contractor registration number:						
Has the applicant ever been convicted of a felony crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes then attach to this application a signed, detailed, notarized explanation.</i>				

Any persons making any misstatement as to experience or other qualifications, or any person subscribing to or vouching for any misstatement shall be subject to those penalties as provided for in the Connecticut General Statutes.

SIGNED (*Applicant*)

Date:

SIGNED (Employer / Company)

Date: