



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 TRADE PRACTICES DIVISION PRODUCT SAFETY UNIT  
 Telephone: (860) 713-6115  
 Email: dcp.productsafety@ct.gov  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

## Sterilization Permit Application

All spaces must be completed. This application must be accompanied by a check or money order for **\$25.00**, made payable to: **“Treasurer, State of Connecticut.”**

*“The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed.”*

➔ Return your completed application and fee to:

**Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**  
**In order to process your application a Second Hand Dealer License is required**

Applicant Information				
Name of Business or Person Applying			Social Security Number (US Residents Only)	
Street Address (Principal Place of Business)		City	State	Zip Code
Telephone Number (w/area code)	Federal ID Number	Email Address		
Indicate Organizational Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Association				
Name of Parent Company (Corporation, Partnership, LLC, etc., if different than above)			Name of Principal Officer	
Mailing Address (if different than above)				
Street Address		City	State	Zip Code
PRODUCTS OR PROCESSES				
Materials to be Sterilized (Give the name of the material and state whether complete article or constituent parts will be sterilized)				
CHEMICAL SPRAY METHOD				
Chemical Used		Method Used		
<b>METHOD FOR STERILIZING NEW FEATHERS</b> (Give complete, detailed description of method used - use back of sheet if necessary)				
<b>PROCESS NOT MENTIONED</b> (Give complete, detailed description of method used - use back of sheet if necessary)				
This firm has been issued a Sterilization Permit for feather and down by another State, and request that this number be assigned in Connecticut: <input style="width: 150px;" type="text"/>				
METHOD FOR STERILIZING SECOND-HAND METAL BED SPRINGS				
Size of Tank:	Length	Width	Height	Material Used in construction of tank
Impervious to action of caustic solution		Quantity of caustic soda used to each gallon of water	How long a time are articles submersed in the caustic solution	

Pursuant to the provisions of the Bedding and Upholstered Furniture Act, application is hereby made by the undersigned and the appropriate fee submitted for approval of the method of sterilization described above. I agree to forward, in duplicate, a specimen of the tag to be attached to articles on bedding, upholstered furniture or filling materials. I hereby certify the forgoing is true to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

Permit Number Issued	<input type="checkbox"/> Approved	Disapproval Reason	<input type="checkbox"/> New Application	Expiration Date April 30, 20____
	<input type="checkbox"/> Disapproved		<input type="checkbox"/> Renewal Application <input type="checkbox"/> Updated Application	