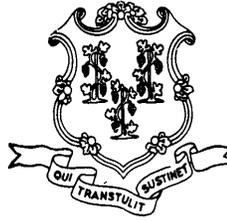


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 License Services Division  
 165 Capitol Avenue  
 Hartford, CT 06106  
 Email: [dcp.licenseservices@ct.gov](mailto:dcp.licenseservices@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Home Improvement Salesperson Change of Employer Form

- **This form can only be used to change an employer or add an employer for an active Home Improvement Salesperson registration.** The registration number must be entered on this form.
- The Employer (Home Improvement Contractor) must authorize and sign this form.
- There is no charge for an employer change or to add an additional employer.
- Return this completed form to the above address.

Check (✓) Type of Change:     Replacement of Current Employer     Additional Employer

### Registration Number

Home Improvement Salesperson Registration Number	Expiration Date of Registration

### Salesperson Information

Name of Salesperson			
Street Address	City	State	Zip Code
Telephone Number	Email Address		
Have you been convicted of a felony crime since the date of your last application? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, attach a statement of explanation.			
<i>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.</i>			
_____ <i>Signature of Salesperson</i>		_____ <i>Date</i>	

### Employer (Home Improvement Contractor) Information

Name of Employer			
Street Address	City	State	Zip Code
Telephone Number	Home Improvement Contractor Registration Number	Expiration Date	
<i>I certify that the above named salesperson is authorized to solicit on behalf of the undersigned registered contractor.</i>			
_____ <i>Signature of Home Improvement Contractor</i>		_____ <i>Date</i>	