OCC Electronic Tech Apprentice Rev. 10/2019

## STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION

Telephone: (860) 713-6135 Email: occprotrades@ct.gov Web Site: www.ct.gov/dcp



For Official Use Only				
	•			

Application for 9 YWfcb WHYW b WUb 5 ddf Ybh WY

## Eligibility for an 9 YWfcb]WHYW b]WJUb 5 ddf YbhJWY:

SIGNED (Employer / Company)

- 1) Attach applicant training program out line including content and hours for both related instruction and on the job training which shall be followed.
- 2) Attach list of all licensed persons and license numbers and type(s) that are available to supervise and train such applicant. List of existing apprentices employed and registration numbers.
- 3) Total number of apprentices cannot exceed number of license holders in company.
- → Return completed application æ) å Áæt ] | 88ææt } Á^^Á -ÁÅI €Ánade ] æê æà | ^Át Á/¦^æ\* ¦ ^¦ÊÛcææ^Á -ÁÔonnecticut. Mail to:

Department of Consumer Protection
Occupational and Professional Licensing Division
450 Columbus Boulevard, Ste 901, Hartford, CT 06103

Applicant =nformation: First Name Middle Initial Last Name Occupation Street Address City or Town Zip Code State Telephone Number (w/ area code) Social Security Number **Email Address** Date of Birth Your Employer / Company Name (Program Sponsor) Telephone Number (w/ Area Code) Street Address City or Town State Zip Code Contractor license number and type: Licensed Contractor Name: No Has the applicant ever been Yes convicted of a felony crime?

Any persons	s making any	misstatement as t	o experience or	other qualifications	s, or any person	subscribing to or	vouching for any	misstatement shall
be subject to	those penalti	ies as provided fo	or in the Connect	ticut General Statut	es.			

SIGNED (Applicant / Trainee)	SIGNED (Licensed Contractor and number / type)				

Date: