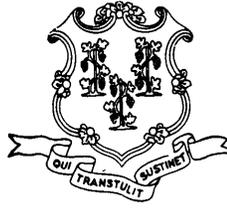


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 165 Capitol Avenue
 Hartford, CT 06106
 Email: license.services@ct.gov
 Web site: www.ct.gov/dcp



Pharmacy Technician Reinstatement Form

- **This form can only be used to reinstate a registration that expired on or after 03/31/2011.** The registration number you wish to reinstate must be entered on this form.
- A total **reinstatement fee of \$60.00** for each one-year period of expiration must accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
- Return this completed form with the applicable fee to the above address.
- All registrations expire annually on March 31st. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.

Registration Number

Pharmacy Technician Registration Number to be Reinstated	Expiration Date of Registration

Applicant Information

Please check (✓) preferred address for mailing: <input type="checkbox"/> Residence <input type="checkbox"/> Pharmacy				
Name				
Residence Street Address		City	State	Zip Code
Telephone Number	Email Address		Social Security Number	Date of Birth
Has the applicant ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a statement indicating the type(s) of crime(s) for which you were convicted, the date(s) and court(s) where the conviction(s) occurred and a description of the circumstances.				

Pharmacy Information

Name of License Pharmacy/Institution where Employed		Pharmacy License Number		
Pharmacy Street Address		City	State	Zip Code
Pharmacist Name		Pharmacist License Number		

Certification

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.

Signature

Date