



For Official Use Only
-----------------------

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
 Telephone: (860) 713-6135  
 Email: [occprotrades@ct.gov](mailto:occprotrades@ct.gov)  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

**Application for Apprentice Trainee Registration**

When registration is requested for an area of the trade which is not available through the Connecticut Department of Labor, said contractor shall make his/her request to the appropriate board prior to the employment of the employee. *"No person that has been issued an apprentice / trainee registration shall at any time engage in any of the work for which a license is required without direct supervision. Direct supervision shall mean under the guidance of a licensed Connecticut contractor or journeyman and within the sight and/or hearing of said licensed person and not exceeding one apprentice / trainee to each licensed person on site".*

**Eligibility for an Apprentice Trainee Registration:**

- 1) Attach applicant training program outline 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 Trainee's employed and registration numbers.
- 3) Total number of trainees employed cannot exceed number of license holders in company. Except such trainees shall not be counted that have completed the prescribed minimum course and on the job training requirements for work assigned.

➔ Return your completed application to:

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

**Applicant / Trainee Information:**

First Name	Middle Initial	Last Name	Occupation		
Street Address	City or Town			State	Zip Code
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:		
Has the applicant ever been convicted of a felony crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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 / Trainee*)

SIGNED (*Licensed Contractor and number / type*)

SIGNED (*Employer / Company*)

Date: