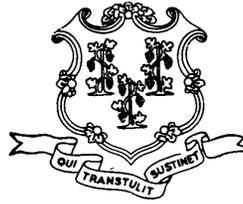


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 TRADE PRACTICES DIVISION, PRODUCT SAFETY UNIT  
 Telephone: (860) 713-6115  
 Email: dcp.productsafety@ct.gov  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## Importer for Bedding & Upholstered Furniture Application

All spaces must be completed. **This application must be accompanied by a check drawn on a US Bank or an International Money Order in the amount of \$100.00 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."*

**Please Note: Importer is the company that ships merchandise from overseas to the United States they are not the Manufacturer.**

➔ Return your completed application and fee to:

*Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106*

License to be issued in the name of:		Social Security Number (US Residents Only)	
Street Address	City	State and/or Country	Zip Code
Telephone Number (w/area code)	Federal ID Number	Email Address	
<b>Mailing Address (If different than above)</b>			
Name			
Street Address	City	State and/or Country	Zip Code
Applicant Legal Standing: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Association			
Name of Parent Company (Corporation, Partnership, LLC, etc.)		Name of Contact Person	
<b>Name and Uniform Registry Numbers of ALL Manufacturers being imported (attach additional sheets if necessary)</b>			
Name of Manufacturer		Uniform Registry Number	

Pursuant to the provisions of the Bedding and Upholstered Furniture Act, this application is hereby made by the undersigned and the appropriate fee submitted for approval. I hereby certify that the information contained in this application is the truth to the best of my knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY

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