CPSTP-01, Rev 9/09

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
TRADE PRACTICES DIVISION, PRODUCT SAFETY UNIT
Telephone: **(860) 713-6115**
WebSite: www.ct.gov/dcp

For Official Use Only

APPLICATION FOR STERILIZATION PERMIT

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application must be accompanied by a check or money order for $25.00, made payable to: "*Treasurer, State of Connecticut*".

➔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:			
Street Address (Principal Place of Business)	**City**	**State**	**Zip Code**
Telephone Number (w/area code)	**Federal ID Number**	**Email Address**	
Mailing Address (If different than above)			
Street Address	**City**	**State**	**Zip Code**
Applicant Legal Standing: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Partnership ☐ Assocation			
Name of Parent Company (Corporation, Partnership, LLC, etc.)	**Name of Principal Officer**		
PRODUCTS OR PROCESSES			
Materials to be Sterilized (Give the name of the material and state whether complete article or constituent parts will be sterilized)			
CHEMICAL SPRAY METHOD			
Chemical Used	**Method Used**		
METHOD FOR STERILIZING NEW FEATHERS (Give complete, detailed description of method used – use back of sheet if necessary)			
PROCESS NOT MENTIONED (Give complete, detailed description of method used – use back of sheet if necessary)			
This firm has been issued a Sterlization Permit for feather and down by another State, and request that this number be assigned in Connecticut:			
METHOD FOR STERILIZING SECOND-HAND METAL BED SPRINGS			
Size of Tank:	**Length**	**Width**	**Height**	**Material Used in construction of tank**
Impervious to action of caustic solution	**Quantity of caustic soda used to each gallon of water**	**How long of a time are articles submersed in the caustic solution**	

Pursuant to the provisions of the Bedding and Upholstered Furniture Act, application is hereby made by the undersigned and the appropriate fee submitted for approval of the method of sterilization described above. I agree to forward, in duplicate, a specimen of the tag to be attached to articles on bedding, upholstered furniture or filling materials. I hereby certify the forgoing is true to the best of my knowledge and belief.

Applicant	**Title**	**Date**

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Permit Number Issued	☐ *Approved* ☐ *Disapproved*	*Disapproval Reason*	☐ *New Application* ☐ *Renewal Application* ☐ *Updated Application*	*Expiration Date* *April 30, 20_____*