



For Official Use Only

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 Occupational & Professional Licensing Division
 165 Capitol Avenue
 Hartford, CT 06106
 Telephone: (860) 713-6135
 Email: dcp.occupationalprofessional@ct.gov
 Web site: www.ct.gov/dcp

Telecommunications Infrastructure Layout Technician Application

- In accordance with CT General Statutes, "Telecommunications infrastructure" means structured cabling for voice and data telecommunications and "Telecommunications infrastructure layout technician" means an individual licensed by the Department of Consumer Protection pursuant to this section, to produce telecommunications infrastructure designs that comply with nationally recognized standards.

Instructions

- This application must be completed by the individual applying for licensure.
- A copy of your RCDD Certificate from the educational provider BICSI (www.bicsi.org) must be attached to this application. You must also include proof that you have held for not less than five years and continue to hold a valid unlimited or limited electrical license issued under the Electrical Work Board or a public service technician certificate of registration issued pursuant to section 20-340b, or have other equivalent experience and training as required for an electrical license.
- A check or money order in the amount of **\$150.00** made payable to "Treasurer, State of Connecticut" must accompany this application. If your application is approved, you will be sent an invoice for an initial license fee of **\$315.00**. Only upon receipt of the initial license fee will your license be activated. There is no state exam required to obtain this license.
- Return the completed application, documentation and fee to the above address.

Applicant Information

First Name		Middle Initial	Last Name	
Street Address		City	State	Zip Code
Telephone Number	Email Address		Social Security Number	Date of Birth
Mailing Address (if different from above)		City	State	Zip Code
Do you presently hold a license for your occupation in any State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of your current license				
Have you ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a statement of explanation.				

Notarization

I, being duly sworn according to law, hereby affirm that the answers given in this application are true to the best of my knowledge and belief and that this application is made for the sole purpose of obtaining a license.

 Signature of Applicant

 Date

Subscribed and sworn to before me, this _____ day of _____ 20 _____

 Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court

 My Commission Expires