

Connecticut Department of Energy & Environmental Protection Bureau of Materials Management & Compliance Assurance

Engineering & Enforcement Division

Attachment A: Applicant Background Information Corporation

Complete the requested information.

1.	State of Incorporation:		
2.	Corporate Information:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.	
3.	Parents or Subsidiaries:		
-	Does the above corporation have any parents or subsidiaries	s? 🗌 Yes	□ No
	If yes, list names and states of incorporation for each parent or subsidiary:		
4.	Directors:		
	Name:		
	Mailing Address:	_	
	City/Town:	State:	Zip Code:
	Business Phone:	ext.	
	X 1		
	Name:		
	Mailing Address:	_	
	City/Town:	State:	Zip Code:
	 Business Phone: ext. Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above. 		
5.	Officers:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.	
	Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.		