



State of Connecticut Department of Agriculture

165 Capitol Avenue G8A
Hartford, CT 06106
(860) 713-2506

CT License # AIR - _____

NEW \$100.00

Expiration: December 31, 2015

For renewal forms, contact 860-713-2512

ANIMAL IMPORTER REGISTRATION APPLICATION

I/we hereby apply for a registration to operate as an Animal Importer in the State of Connecticut in accordance with and subject to the provisions of Section 22-344 of the Connecticut General Statutes. The registrant (owner) is required to notify the Department of Agriculture within 48 hours of any change in business name, location, sale or change of ownership. **The registration period shall be from January 1 to December 31st, inclusive.** All registrations expire on December 31st of each year. Make checks payable to "Connecticut Department of Agriculture".

Ownership status: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	<input type="checkbox"/> Corporation -- Is your corporation a 501(c)(3)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Federal Employer Identification Number _____ -- _____	Social Security Number _____ -- _____

Business Name		Principal Officer of Business	
Business Telephone Number	Business Email	Business Internet Address	
Business Street Address	Business City	State	Zip Code
Mailing Address (if different)	Mailing City	State	Zip Code

For out of state applicants only			
Name of Connecticut-based agent		Agent's Telephone Number	
Street Address of Connecticut-based agent	City	State CT	Zip Code

List the number of animals imported from each state or country into Connecticut during the prior year. If none, indicate "NONE".			
Number of Animals	Imported from:	Number of Animals	Imported from:

The undersigned applicant agrees that in the event an Animal Importer Registration is granted, said applicant shall comply with all laws, orders, rulings, regulations and directives issued by the Commissioner of Agriculture. The information provided to the Commissioner of Agriculture herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 22-4c and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.		
Printed Name of Applicant	Signature of Applicant	Date of Signature
Title of Applicant	Telephone Number	

For Agency Use Only			
Fee Amount Received	Check or Money Order #	Agency Approval	Registration Expiration December 31, 2015