TYPE OR
PRINT IN INK!

DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION
410 CAPITOL AVENUE
HARTFORD, CT 06134-0308

LICENSE APPLICATION

☐ INITIAL ☐ RENEWAL

PATIENT CARE PERSONNEL UTILIZED UNDER ARRANGEMENTS WITH OTHER AGENCIES (SEC. 19-13-D70)

APPLICANT AGENCY NAME

ADDRESS (No. & Street) (City & Town) (State) (Zip)

SIGNATURE OF APPLICANT (Agency Administrator)
X

DATE

Name and Address of Contractor Agency	**Type of Patient Care Personnel P/T O/T S/P NSG H-HHA**