



**Connecticut Secretary of the State  
Safe at Home -  
Address Confidentiality Program  
Application Assistant Authorization**

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**Application Assistant Entity:**

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**Type of Service Provided by Application Assistant Entity:**

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**Application Assistant Entity Address:**

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**Application Assistant Entity Telephone Number:**

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As an Application Assistant I agree to assist eligible individuals in the completion of ACP applications and to forward all original ACP applications and supporting materials to the ACP Manager.

I will not:

- 1) retain any copies of the applications submitted;
- 2) disclose the street address of any program participant;
- 3) discriminate against any potential program participant because of race, creed, color, national origin, gender, sexual orientation, age, or mental, physical or sensory disability; or
- 4) claim to be an officer or employee of the Office of the Secretary of the State of Connecticut nor make any claim, demand, or application to or for any right or privilege applicable to an officer or employee of the Office of the Secretary of the State.

Person Signing on behalf of Entity \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be Completed by the Office of the Secretary of the State:**

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**Date Authorized to Serve as Application Assistant:**

**Authorization Expiration Date:**

**Administrator:** Signature \_\_\_\_\_

Print Name \_\_\_\_\_