



**Connecticut Secretary of the State
Address Confidentiality Program
Certification Renewal Form**

I am: (circle the appropriate number)

- 1) A Connecticut Address Confidentiality Program participant;**
- 2) A guardian or conservator of the person acting on behalf of an adult program participant;**
- 3) A parent or guardian acting on behalf of a minor program participant.**

The undersigned hereby submits this application to renew the participant's certification in the Address Confidentiality Program.

Print name of participant:

First Name

Last Name

Participant's 4 Digit Certification # _____

Signature of participant
(or parent/guardian/conservator)

Date: _____

Please mail the following to:

ACP, PO Box 150469, Hartford, CT. 06106

- 1) Certification Renewal Form;**
- 2) Your current certification card.**