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.