



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Engineering & Enforcement Division

Attachment A: Applicant Background Information General Partnership

Complete the requested information.

1. General Partners:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.		
<input type="checkbox"/> Check here if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.			