



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

Attachment A: Applicant Background Information Limited Liability Company

Complete the requested information.

1. State of Registration:

2. List each member.

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.

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.

3. List any manager(s) who, through the articles of organization, are vested in the management of the business, property and affairs of the limited liability company.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

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.