



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

Attachment A: Applicant Background Information Limited 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.

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.

2. Limited Partners:

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.