



# Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) Website: [business.ct.gov](http://business.ct.gov) Email: [bsd@ct.gov](mailto:bsd@ct.gov)

## APPLICATION FOR CERTIFICATE OF AUTHORITY - [Accessible Version Available](#)

FOREIGN CORPORATION - USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

<b>FILING PARTY</b> <i>(Confirmation will be sent to this address):</i>  NAME:  ADDRESS:   CITY:  STATE: ZIP CODE:  EMAIL:  TELEPHONE NUMBER:		<b>FILING FEE: \$385</b>  <i>Exception: \$40.00 filing fee for nonstock (nonprofit) corporations.</i>  <i>Make checks payable to "Secretary of the State"</i>						
<b>1. NAME OF CORPORATION IN ITS STATE OR COUNTRY OF FORMATION:</b>								
<b>2. THE CORPORATION'S NAME IS <u>NOT AVAILABLE</u> FOR USE IN CONNECTICUT. THE CORPORATION SHALL, THEREFORE, TRANSACT BUSINESS IN CONNECTICUT UNDER THE FOLLOWING NAME:</b> <i>(Complete only if the name of the corporation is not available for use in Connecticut)</i>								
<b>3. CHECK EITHER A OR B:</b> <input type="checkbox"/> <b>A.</b> The corporation is organized for profit. <input type="checkbox"/> <b>B.</b> The Corporation is nonprofit.								
<b>4. STATE/COUNTRY OF INCORPORATION:</b>								
<b>5. DATE OF INCORPORATION:</b> <i>(mm/dd/yyyy)</i>								
<b>6. DURATION:</b> <i>(check one)</i> <input type="checkbox"/> Perpetual <input type="checkbox"/> Other (specify):								
<b>7. DATE CORPORATION BEGAN TRANSACTING BUSINESS / CONDUCTING AFFAIRS IN CONNECTICUT:</b> <i>(mm/dd/yyyy)</i>								
<b>8. PRINCIPAL OFFICE ADDRESS</b> <small>P.O. Box Not Acceptable:</small>  STREET:  CITY:  STATE: ZIP CODE:	<b>9. MAILING ADDRESS</b> <small>P.O. Box Acceptable:</small>  STREET:  CITY:  STATE: ZIP CODE:							
<b>10. ENTITY E-MAIL ADDRESS</b> <i>(required):</i>	<b>11. NAICS CODE</b> <i>(six digits)(required):</i> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							



# Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) Website: [business.ct.gov](http://business.ct.gov) Email: [bsd@ct.gov](mailto:bsd@ct.gov)

## 12. OFFICERS

NAME	TITLE	BUSINESS ADDRESS (No PO Box)	RESIDENCE ADDRESS (No PO Box)
		Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP CODE:	ADDRESS: CITY: STATE: ZIP CODE:
		Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP CODE:	ADDRESS: CITY: STATE: ZIP CODE:
		Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP CODE:	ADDRESS: CITY: STATE: ZIP CODE:
		Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP CODE:	ADDRESS: CITY: STATE: ZIP CODE:
		Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP CODE:	ADDRESS: CITY: STATE: ZIP CODE:

NOTE : IF ADDITIONAL SPACE IS NEEDED, PLEASE REFERENCE AN 8½ x 11 ATTACHMENT

## 13. DIRECTORS

NAME	BUSINESS ADDRESS (No PO Box)	RESIDENCE ADDRESS (No PO Box)
	Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP CODE:	ADDRESS: CITY: STATE: ZIP CODE:
	Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP CODE:	ADDRESS: CITY: STATE: ZIP CODE:
	Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP CODE:	ADDRESS: CITY: STATE: ZIP CODE:



# Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) Website: [business.ct.gov](http://business.ct.gov) Email: [bsd@ct.gov](mailto:bsd@ct.gov)

**NOTE: COMPLETE EITHER 14A OR 14B OR 14C BELOW – NOT ALL THREE.**

## 14. APPOINTMENT OF REGISTERED AGENT FOR SERVICE OF PROCESS *(required)*:

The Foreign Corporation may not be appointed as its own Agent. However, an Officer or Director residing in Connecticut may be the Agent. *(Check A or complete B or C):*

- ☒ ☐ The Foreign Corporation appoints the Secretary of the State of Connecticut and his/her successors in office to be its Agent, upon whom any process, notice or demand may be served.

**NOTE: DO NOT COMPLETE 14B IF AGENT APPOINTED IN 14A ABOVE OR 14C BELOW.**

- ☒ ☐ If Agent is an individual, print or type full legal name: \_\_\_\_\_

Signature accepting appointment ► \_\_\_\_\_

### BUSINESS ADDRESS *(required)*:

(P.O. Box unacceptable)

Check box if none: ☐

STREET:

CITY:

STATE:

ZIP CODE:

### CONNECTICUT RESIDENCE ADDRESS *(required)*:

(P.O. Box unacceptable)

STREET:

CITY:

STATE:

CT

ZIP CODE:

**NOTE: DO NOT COMPLETE 14C IF AGENT APPOINTED IN 14A OR 14B ABOVE.**

- ☒ ☐ If Agent is a business,  
print or type name of business as it appears on our records: \_\_\_\_\_

Signature accepting appointment  
on behalf of Agent: ► \_\_\_\_\_

Print full name and title of person signing on behalf of Agent: \_\_\_\_\_

### CONNECTICUT BUSINESS ADDRESS *(required)*:

(P.O. Box unacceptable)

STREET:

CITY:

STATE: CT

ZIP CODE:

## 15. EXECUTION *(required)* *(Subject to penalty of false statement):*

Date *(mm/dd/yyyy)*: \_\_\_\_\_

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
		►

## APPLICATION FOR A CERTIFICATE OF AUTHORITY FOREIGN CORPORATION

**FILING FEE: \$385.00 Stock  
\$40.00 Nonstock**

A foreign corporation desiring to transact business in Connecticut may obtain a Certificate of Authority by filing the Application for Certificate of Authority. The Application includes an appointment of the Registered Agent.

**A certificate of the corporation's legal existence (some states refer to this as a certificate of good standing) from the state of incorporation, authenticated by a proper officer of that state, must accompany the Application for Certificate of Authority. Such certificate must be received within 90 days from the date of issuance.**

Please note that the name of the foreign corporation filing an application for a Certificate of Authority must contain a word or words of corporate designation, even if the laws of its state of incorporation do not so require. If specific words or abbreviations are regarded as corporate designations in a foreign language, the filing must be accompanied by a legal opinion stating that fact. Documents submitted in any language other than English require an English translation. Failure to provide any of the above information will result in the rejection of the document.

Also, the foreign corporation's name must be distinguishable from the name of another active business on our records; when it is not, the Corporation may adopt for use in this state a fictitious name. The fictitious name must be distinguishable from other business names on record and must contain a word or words of corporate designation, such as "incorporated" or an abbreviation such as "corp."

If the Corporation wishes to adopt a fictitious name for use in Connecticut, it must present for filing a resolution by its board of directors, certified by its secretary, adopting the fictitious name along with its Application for Certificate of Authority. Please also note the following information relating to the use of a fictitious name: a fictitious name may only be used by a foreign corporation when its real name is unavailable for use in Connecticut; once the real name of the Corporation becomes available, the fictitious name may no longer be used; the Corporation may not amend its Certificate of Authority to change a fictitious name; if a fictitious name is used, the Corporation will be indexed on our records under that name and no other.

In the event a foreign corporation holding a Certificate of Authority changes its corporate name, place of incorporation, or the period of its duration, it must apply for an amended Certificate of Authority.

Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.

## INSTRUCTIONS

1. NAME OF CORPORATION IN STATE OR COUNTRY OF FORMATION: Please provide the name of the Corporation as it appears on the certificate of legal existence submitted with the application.
2. IF NAME PROVIDED IN NUMBER 1 ABOVE IS NOT AVAILABLE FOR USE IN CONNECTICUT, THE NAME UNDER WHICH CORPORATION SHALL TRANSACT BUSINESS IN CONNECTICUT:  
If the Corporation's name is not available, please provide a name (which may be a fictitious name) that shall be used in the State of Connecticut and which must be distinguishable from all other business names on record at the Office of the Secretary of the State.
3. CHECK EITHER (A) OR (B): Place a check in the appropriate box to designate whether the Corporation is organized for profit or nonprofit.
4. STATE/COUNTRY OF INCORPORATION: Please provide the Corporation's state or country of formation. Note: the state or country must match the state or country of incorporation indicated on the Corporation's certificate of legal existence.
5. DATE OF INCORPORATION: Please provide the complete date upon which the Corporation was formed in its state or country of incorporation. The date must be in the form of a month, day, and year, and must match the date of incorporation presented on the Corporation's certificate of legal existence.
6. DURATION: Please indicate whether the Corporation has perpetual existence or has a limited duration by placing a checkmark next to the appropriate designation. Note: if a checkmark is placed next to "Other," the corporation must precisely specify the limit to its duration.
7. DATE CORPORATION BEGAN TRANSACTION BUSINESS/CONDUCTING AFFAIRS IN CONNECTICUT: Please provide the exact month, day and year upon which the Corporation began transacting business/conducting affairs in Connecticut.
8. PRINCIPAL OFFICE ADDRESS OF THE CORPORATION: Please provide a complete street address of the Corporation's principal office including a street number, street name, city, state, postal code, and country if other than the United States. Note: P.O. Boxes are only acceptable as additional information.
9. MAILING ADDRESS OF THE CORPORATION: Please supply an address, which may be a P.O. Box, to which the Office of the Secretary of the State must mail all matter required or permitted to the Corporation by either the Business Corporation Act or the Revised Nonstock Corporation Act.
10. CORPORATION EMAIL ADDRESS REQUIRED: The Secretary must notify entities via email when their Annual Reports are due.
11. NAICS CODE: To obtain code, go to [www.census.gov/naics](http://www.census.gov/naics) or call [1-888-756-2427](tel:1-888-756-2427).  
(business / occupation / profession code)
12. OFFICERS: Please provide the name of all of the Corporation's officers, their titles and both addresses. Complete street addresses including a street number, street name, city, state, postal code, and country (if other than the United States) are required. Note: P.O. Boxes are only acceptable as additional information.
13. DIRECTORS: Please provide the name of all of the Corporation's directors and both addresses. Complete street addresses including a street number, street name, city, state, postal code, and country (if other than the United States) are required. Note: P.O. Boxes are only acceptable as additional information.

14. APPOINTMENT OF REGISTERED AGENT: The Corporation may not appoint itself as its Registered Agent. The Corporation may appoint either the Secretary of the State by placing a checkmark next to selection A, or a natural person who is a resident of Connecticut; a Connecticut corporation, limited liability company, limited liability partnership, or statutory trust; or a foreign corporation, limited liability company, limited liability partnership or statutory trust, which has procured a Certificate of Authority to transact business in Connecticut, by completing item B. Please note the following: if the Agent being appointed is a natural person, that person's business address must be provided under the heading Business/Registered Office Address and their residence address under the heading Residence Address; if the Agent appointed is an entity, it must provide its principal office address under the Business/Registered Office Address heading; the Agent must sign accepting the appointment in the space provided; the signatory must print their name and capacity under which they sign if signing on behalf of an entity, and all addresses must include a street number, street name, city, state, and postal code.
15. EXECUTION: The document must be executed by an authorized official of the Corporation. That person must print or type their name, state the capacity under which they sign and provide a signature. The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

**Make checks payable to "The Secretary of the State."**

**OFFICE OF THE SECRETARY OF THE STATE**

**Mailing Address:**

Business Services Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470

**Delivery Address:**

Business Services Division  
Connecticut Secretary of the State  
165 Capitol Avenue, Suite 1000  
Hartford, CT 06106

**PHONE:** [860-509-6003](tel:860-509-6003)

**WEBSITE:** [business.ct.gov](http://business.ct.gov)