

1000735 SP

1264

-C01-P00737-1



MANAFORT BROS INC.
414 NEW BRITAIN AVE
PLAINVILLE CT 06062-2065



Dear MANAFORT BROS INC.,

Attached you will find your validated license for the coming year. Should you have any questions about your license renewal, please do not hesitate to write or call:

Department of Public Health
P.O. Box 340308
M.S.#12MQA
Hartford, CT 06134-0308

(860) 509-7603
oplcdph@ct.gov
www.ct.gov/dph/license

Sincerely,

DEIDRE S. GIFFORD, MD, MPH, ACTING COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER'S COPY

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

NAME
MANAFORT BROS INC.

VALIDATION NO. 03-834173	LICENSE NO. 001501	CURRENT THROUGH 07/31/21
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PROFESSION
LEAD ABATEMENT CONTRACTOR

 SIGNATURE	 ACTING COMMISSIONER
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**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A
LEAD ABATEMENT CONTRACTOR

MANAFORT BROS INC.

LICENSE NO.
001501
CURRENT THROUGH
07/31/21
VALIDATION NO.
03-834173

SIGNATURE

ACTING COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

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