



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



Dear MANAFORT BROTHERS 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  
oplc.dph@ct.gov  
www.ct.gov/dph/license

Sincerely,

RENÉE D. COLEMAN-MITCHELL, MPH, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER'S COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
MANAFORT BROTHERS INC.

VALIDATION NO. 03-811315	LICENSE NO. 000429	CURRENT THROUGH 04/30/21
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PROFESSION  
ASBESTOS CONTRACTOR

SIGNATURE COMMISSIONER

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  
ASBESTOS CONTRACTOR

MANAFORT BROTHERS INC.

LICENSE NO.  
000429

CURRENT THROUGH  
04/30/21

VALIDATION NO.  
03-811315

SIGNATURE

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

NAME  
MANAFORT BROTHERS INC.

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PROFESSION  
ASBESTOS CONTRACTOR

SIGNATURE COMMISSIONER

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