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NEW ENGLAND YANKEE CONSTRUCTION LLC  
PO BOX 5395  
MILFORD CT 06460-0705

Dear NEW ENGLAND YANKEE CONSTRUCTION LLC,

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  
opl.c.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  
NEW ENGLAND YANKEE CONSTRUCTION LLC

VALIDATION NO.	LICENSE NO.	CURRENT THROUGH
03-753396	001514	07/31/20

PROFESSION  
LEAD ABATEMENT 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  
**LEAD ABATEMENT CONTRACTOR**

NEW ENGLAND YANKEE CONSTRUCTION LLC

LICENSE NO.  
001514

CURRENT THROUGH  
07/31/20

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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**

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