



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Onsite Wastewater Treatment Systems Program

Office of Water Resources

235 Promenade Street, Providence, RI 02908-5767

Tel. (401) 222-3961; Email: DEM.OWTS@dem.ri.gov

www.dem.ri.gov/septic



APPLICATION FOR CLASS I and II OWTS DESIGNER'S LICENSE EXAM

FOR DEM USE ONLY

Date Received _____

Check No. _____

Amt. Received _____

Code 17B

INSTRUCTIONS

1. Read all instructions and questions carefully before completing this application.
2. Do not write in the box above labeled "For DEM Use Only".
3. All information must be printed in ink or type written.
4. Fill out all sections completely, including your signature.
5. Attach a photograph to the application where indicated.
6. Include the non-refundable application fee of \$50.00. Fees should be paid by check or money order made payable to **GENERAL TREASURER, STATE OF RHODE ISLAND**.
7. Send application and fee to: **Department of Environmental Management, Office of Management Services, 235 Promenade Street, Providence, RI 02908**.

Within 30 days of receipt of an application, the applicant shall be notified of their eligibility status. If the applicant is deemed ineligible, the Department shall provide the applicant with reasons for the determination. The applicant may appeal the Director's decision of ineligibility with the Administrative Adjudication Division.

GENERAL INFORMATION

D.O.B. _____ / _____ / _____

Last Name _____ First Name _____ MI _____

Legal Mailing Address _____

City _____ State _____ Zip _____ Telephone (_____) _____

Residential email address _____

PHOTOGRAPH
Attach unmounted recognizable photograph in this space with face not more than 1 inch and not less than 3/4 inches wide. Photo must be taken not more than six months prior to filing application.

PRE-QUALIFICATIONS

Check exam for which you are applying (check one exam only) and provide applicable license information:
(To apply for an exam, you must hold at a minimum, the license indicated next to the exam for which you are applying.)

Class I RIDEM OWTS Installer # _____

Class II RI PLS # _____

Are any of the licenses checked above currently expired, suspended, or revoked? Yes No

Have you ever possessed a professional license, which is a minimum requirement to obtain a RIDEM designer's license, which was revoked, suspended or which has expired? Yes No

If yes, what type of license _____.

If yes, please give date of revocation, suspension or expiration _____.

CURRENT EMPLOYMENT

Position: _____

Company or Business Street Address _____

Business Address (second line if necessary) _____

City _____ State _____ Zip _____

(_____) _____

Telephone _____ Email Address _____

EXAMINATION SCHEDULE

All OWTS licensing examinations are administered once annually. When the examination schedule is established, it is posted to the DEM website <http://www.dem.ri.gov/>. Select "Permits", then "ISDS Designer/Installer Licenses", then the link to the "Exam Schedule for OWTS Licensing". Schedule information may also be obtained by calling the OWTS Program at 222-4700 or by sending an email to DEM.OWTS@dem.ri.gov.

AFFIDAVIT

A. Certification of Content Provided

I hereby declare under the penalty of perjury that all statements made on this application and in support thereof are true and complete to the best of my knowledge and belief; and that this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

B. Taxpayer Certification

Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any persons renewing a motor vehicle operator's license or motor vehicle registration with Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Failure to provide the Department with your Social Security # or FEIN (below) will result in you having to obtain a Letter of Good Standing from the RI Division of Taxation One Capitol Hill Providence, RI 02908 (401) 574-8941, Collections Division **PRIOR** to the registration of your license.

Social Security # or FEIN _____ or Letter of Good Standing attached.

I, the undersigned, certify that sections A. and B. checked (☑) above in this box are true.

Printed name of Applicant _____

Signature of Applicant _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary _____ My Commission expires _____, 20_____.

(SEAL)