

For office use only

Application Date \_\_\_\_\_ Amount \_\_\_\_\_ Ck.No. \_\_\_\_\_ NOTE \_\_\_\_\_



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

Onsite Wastewater Treatment Program  
Office of Water Resources, Room 260  
235 Promenade Street, Providence, RI 02908-5767



**APPLICATION for  
EXAMINATION AND LICENSE TO INSTALL,  
CONSTRUCT,  
ALTER or REPAIR  
ONSITE WASTEWATER TREATMENT SYSTEMS  
-- 2017 --**

Licenses are non-transferable. Attach an unmounted recognizable photograph in this space with face not more than 1 inch or less than 3/4 inches wide. Photo taken not more than six months prior to filling application is required:



**INSTRUCTIONS:** Please type or print in ink. Answer all questions and provide photograph as requested above.

1. **GENERAL INFORMATION:** Social Security No. \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

<u>NAME and RESIDENTIAL ADDRESS</u>	<u>BUSINESS ADDRESS (The address provided in this space will be posted to the RIDEM website with your name and Installer License number if you pass the examination.)</u>
Last Name _____ First Name _____ MI _____	Company Name _____
Legal Mailing Address _____	Mailing Address _____
City/town _____ State _____ Zip _____	City/town _____ State _____ Zip _____
Telephone ( _____ ) _____	Telephone ( _____ ) _____
Email: _____	Email: _____

Approximately how many hours per week will you devote to installing sewage disposal systems? \_\_\_\_\_

**2. REFERENCES AS TO QUALIFICATIONS**

Applicant shall list the names and addresses of three persons, unrelated to him/her, having knowledge of the applicant's technical background and relevant qualifications:

NAME	ADDRESS
1) _____	_____
2) _____	_____
3) _____	_____

**3. EDUCATION**

Name and location of Schools Attended	Years	From/To	Date Graduated	Course Degree/Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 4. (a) Do you have the ability to use an engineer's level or transit? Yes \_\_\_\_\_ No \_\_\_\_\_
- (b) Do you possess an engineer's level or transit? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please indicate: \_\_\_\_\_  
Manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_

5. Have you ever possessed an installer's license which was revoked or suspended or which has expired?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please give date of revocation, suspension or expiration \_\_\_\_\_.

6. APPLICATION FEE

Application fee is \$175.00.

Send check or money order payable to GENERAL TREASURER, STATE OF RHODE ISLAND  
(DO NOT SEND CASH) and completed application to: Rhode Island Department of Environmental Management  
Office of Management Services  
235 Promenade Street  
Providence, RI 02908-5767

Upon passing the examination, a license will be issued effective January 1, 2018 and will expire on December 31, 2020.

7. PRE EXAMINATION PREPARATION

An optional information and examination preparation class will be incorporated into the New England Onsite Wastewater Training Program at URI (NEOWTP) "Conventional Onsite Wastewater Treatment Basics for Installers" course (OWT 100). The course is scheduled for August 31, 2017 from 8:00 AM to 5:00 PM. Information regarding course description, registration and registration fee is available online at <http://web.uri.edu/owt/neowt-course-schedule/>.

8. EXAMINATION DATE

The examination date for the next installers' examination has been set for:  
Friday, September 8, 2017, from 9:00 AM until Noon  
Department of Environmental Management  
235 Promenade Street, **Room 300**  
Providence, RI 02908-5767

9. TAXPAYER CERTIFICATION

You are required to furnish your Social Security # or FEIN pursuant to Chapter 75 of Title 5 and Chapter 3 of Title 31 of the RI General Laws, as amended. Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any person renewing a motor vehicle operator's license or motor vehicle registration within 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. Failure to provide the Department with your Social Security # or FEIN 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 issuance or renewal of your license.

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.

\_\_\_\_\_  
Social Security # or FEIN

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

If necessary, please submit Letter of Good Standing or Installment Agreement along with this completed license application as directed above in the Instructions section of this application form.

10. AFFIDAVIT

The Applicant, by this application agrees to perform all construction in accordance with the provisions of RULES ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF ONSITE WASTEWATER TREATMENT SYSTEMS, as amended, and RIGL 5-56, whichever is more stringent and to cease construction and notify the Department should the site information on the approved plan be incorrect.

I, the undersigned Applicant, 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; that this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Notary

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)