



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES



APPLICATION FOR SOIL EVALUATOR 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.**

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.

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

Last Name _____ First Name _____ MI _____			Date of Birth _____ / _____ / _____		
Legal Mailing Address _____			Business Mailing Address _____		
City, _____ State _____ Zip _____			Business City, _____ State _____ Zip _____		
(_____) _____ Telephone _____			(_____) _____ Business Telephone (with extension if applicable) _____		
Email Address _____			Business Email Address _____		

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 operators 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.

EMPLOYMENT HISTORY

List relevant work experience in soil studies and percolation testing for septic system design in RI or in soil classification, mapping, interpretation or a combination thereof. **DO NOT list unrelated work experience.** Attach additional sheets if necessary.

Current employment

Name of employer: _____ Position: _____
 Address: _____ Telephone: _____
 Date employed from: _____ to: _____ total # of yrs. employed _____
 Duties: _____

Past employment

Name of employer: _____ Position: _____
 Address: _____ Telephone: _____
 Date employed from: _____ to: _____ total # of yrs. employed _____
 Duties: _____

Name of employer: _____ Position: _____
 Address: _____ Telephone: _____
 Date employed from: _____ to: _____ total # of yrs. employed _____
 Duties: _____

PREREQUISITES (check appropriate box)

9 Semester Hours Professional Soil Scientist (Provide registration # below and attach copy of certificate)

SSSSNE Registration # _____

ARCPACS Registration # _____

Have you ever possessed a professional license or certificate, which is related to soil science or OWTS design work, 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 _____.

EDUCATION

Provide copies of diplomas and/or college transcripts.

EDUCATIONAL BACKGROUND	NAME & ADDRESS OF INSTITUTION	YEARS ATTENDED		DATE OF GRADUATION	DEGREE GRANTED
		From	To		
High School					
Technical School					
College/University					
College/University					

List course titles which are to be applied towards the required 9 semester hours in soil science and provide transcripts or grade reports.

Title: _____ Credits/Sem. hrs.: _____

Date Completed: ____/____/____ Institution: _____

Title: _____ Credits/Sem. hrs.: _____

Date Completed: ____/____/____ Institution: _____

Title: _____ Credits/Sem. hrs.: _____

Date Completed: ____/____/____ Institution: _____

EXAMINATION

Please check the component(s) of the examination for which you are applying^{NOTE}: FIELD WRITTEN

NOTE: The written and field examinations do not have to be passed concurrently. However, if more than three years elapse before both components of the exam are passed, the portion of the exam which was originally passed, must be retaken.

EXAM SCHEDULING: All OWTS licensing examinations are administered once annually. When the examination schedule is established, it is posted to the RIDEM website <http://www.dem.ri.gov>: type "OWTS Licensing Exam Schedule" in the search window and the locations at which you may access the schedule and other information related to the OWTS Professional Licensing Program will be returned. Schedule information may also be obtained by calling the OWTS Program at 401-222-4700.

AFFIDAVIT

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)