



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES

APPLICATION FOR CLASS I, II, & III 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

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.

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) 222-6281, 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.

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 # _____ Class III [] *RI PE # _____

Indicate additional license(s) held as appropriate

RIDEM OWTS Installer # _____ RI PLS # _____ *RI PE # _____

*NOTE to PEs: If you registered in Rhode Island after December 31, 1994 you must be registered as a Civil or Environmental Engineer. If applicable, indicate the area of specialty. [] Civil [] Environmental

PRE-QUALIFICATIONS (continued)

Are any of the licenses checked on the reverse of this form 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

Name of employer: _____

Position: _____

Address: _____

Street

City

State

Zip

(_____) _____

Telephone

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.

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)