



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Department of Administration  
**CONTRACTORS' REGISTRATION AND LICENSING BOARD**  
 One Capitol Hill  
 Providence, RI 02908-5859

Office (401)222-1270  
 TDD (401)222-6334  
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[www.crb.ri.gov](http://www.crb.ri.gov)

**CONTRACTORS' REGISTRATION APPLICATION**

<b>1.)</b>	<b>A.</b> <input type="checkbox"/> <b>INDIVIDUAL PROPRIETOR</b>  <b>REGISTRATION FEE \$200.00 2 YEARS</b>	<b>B.</b> <input type="checkbox"/> <b>PARTNERSHIP</b>  <b>REGISTRATION FEE \$200.00 2 YEARS</b>  <b>* ADDITIONAL CARDS ISSUED TO PARTNERS \$20.00 EACH</b>	<b>C.</b> <input type="checkbox"/> <b>CORPORATION OR LLC</b> <b>REGISTRATION FEE \$200.00 2 YEARS</b>  <b>* ADDITIONAL CARDS ISSUED TO OTHER OFFICERS \$20.00 EACH</b>	<b>D.</b> <input type="checkbox"/> <b>RESIDENTIAL</b>  <input type="checkbox"/> <b>COMMERCIAL</b>  <input type="checkbox"/> <b>BOTH</b>																
<b>ALL REGISTRATIONS EXPIRE ON THE FIRST OF THE MONTH. PRINT/TYPE YOUR NAME AND BUSINESS NAME EXACTLY AS THEY WILL APPEAR ON THE REGISTRATION.</b>																				
Drivers License State _____ No. _____ Registration / License No. _____ <div style="text-align: right; margin-right: 100px;">(OFFICE USE ONLY)</div> Name: _____ Date of Birth _____ <div style="margin-left: 20px;">(PRINCIPAL RESPONSIBLE)</div> Address (P.O. BOXES NOT ACCEPTABLE) _____ E-Mail _____  Home Phone Number _____ Business Phone Number _____ Cell Phone Number _____  Business Name _____ Web Address _____  Mailing Address of Business _____ City _____ State _____ Zip Code _____  Authorized Representative _____ FIEN # _____																				
<b>2.)</b>	<b>PROVIDE INFORMATION OF ALL PARTNERS OR ADDITIONAL CARD HOLDERS BELOW.</b>																			
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%; text-align:left;">NAME(S)</th> <th style="width:25%; text-align:left;">ADDRESS</th> <th style="width:20%; text-align:left;">DATE OF BIRTH</th> <th style="width:30%; text-align:left;">DRIVER'S LICENSE STATE &amp; NO.</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>					NAME(S)	ADDRESS	DATE OF BIRTH	DRIVER'S LICENSE STATE & NO.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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CORPORATIONS OR LLC MUST BE FILED WITH THE RHODE ISLAND SECRETARY OF STATE CORPORATION DIVISION PRIOR TO FILING WITH THE CONTRACTORS' REGISTRATION AND LICENSING BOARD. <b>COPY OF FILED CORPORATE PAPERS REQUIRED.</b> CORPORATION ISSUANCE DATE _____																				
<b>3.)</b>	<p style="color: red; margin: 0;"> <b>No registration shall be issued to a nonresident contractor until he or she has filed with the Board a power of attorney constituting and appointing a registered agent (an attorney whose office is located within the boundaries of the State of R.I. or a registered agent listed with the R.I. Secretary of State Office) upon whom all processes in any action or legal proceeding against him or her may be served, and in the power of attorney agrees that any lawful process against him or her which may be served upon his or her registered agent is of the same force and validity as if served on the nonresident contractor, and that the force continues irrevocably in force until such time as the Board has been duly notified in writing of any change.</b> </p> AGENT OF SERVICE NAME: _____ TELEPHONE NO. _____ ADDRESS _____ CITY _____ ZIP CODE _____																			
<b>4.)</b>	<b>REQUIRED AFFIDAVIT ATTACHED R.I. GEN.LAW 5-65-5(f). (SIGNED BY PRINCIPAL AND NOTORIZED)</b>	YES	NO																	

5.)	<p><b>REQUIRED LIABILITY INSURANCE:</b></p> <p><b>YOU ARE REQUIRED TO HAVE IN EFFECT; THROUGHOUT THE PERIOD OF REGISTRATION, PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE IN THE MINIMUM AMOUNT \$500,000 COMBINED SINGLE LIMIT, BODILY INJURY, AND PROPERTY DAMAGE. FAILURE TO CARRY THIS INSURANCE WILL RESULT IN TERMINATION OF YOUR REGISTRATION. A CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION, AND MUST INDICATE THAT THE CONTRACTORS' REGISTRATION AND LICENSING BOARD WILL BE NOTIFIED BY THE INSURANCE CARRIER UPON CANCELLATION OF THE REGISTRANT'S INSURANCE POLICY.</b></p>										
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black;">NAME OF LIABILITY INSURANCE CARRIER</td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black;">POLICY NUMBER</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">INSURANCE AGENCY NAME</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">TELEPHONE NUMBER</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">AGENCY ADDRESS</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">CITY</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">STATE</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">ZIP CODE</td> </tr> </table>	NAME OF LIABILITY INSURANCE CARRIER	POLICY NUMBER	INSURANCE AGENCY NAME	TELEPHONE NUMBER	AGENCY ADDRESS	CITY		STATE		ZIP CODE
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6.)	<p><b>EMPLOYEE'S: DO YOU NOW HAVE, OR DO YOU PLAN TO HIRE, EMPLOYEES?</b>      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><b>I HEREBY VERIFY THAT WORKER COMPENSATION INSURANCE IS IN EFFECT AND RECORDED WITH THE RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING (REQUIRED FOR ONE (1) OR MORE EMPLOYEES). I HEREBY VERIFY THAT EFFECTIVE THIS DATE AND FOR AS LONG AS THIS REGISTRATION IS IN EFFECT AND I EMPLOY ANY PERSONS, I HAVE AND WILL CONTINUE TO CARRY THE REQUIRED WORKER COMPENSATION INSURANCE.</b></p> <p>Worker Compensation Carrier _____ Policy # _____</p>										
7.)	<p>CURRENT/PREVIOUS REGISTRATIONS: IF YOU HAVE BEEN LICENSED OR REGISTERED AS A CONTRACTOR IN THE PAST YOUR PREVIOUS REGISTRATION/LICENSE NUMBER(S) AND/OR BUSINESS NAME(S) USED:</p> <p>_____</p>										
8.)	<p>PRIMARYLY WORK PERFORM (CHECK ONE):    <input type="checkbox"/> NEW CONSTRUCTION    <input type="checkbox"/> REMODELING    <input type="checkbox"/> SUB-CONTRACTOR</p> <p><input type="checkbox"/> ROOFING (RESIDENTIAL)    <input type="checkbox"/> OTHER _____</p>										
9.)	<p><b>SIGN IN THE PRESENCE OF NOTARY:</b> I HEREBY VERIFY THAT ANY CORPORATION INCLUDED IN THIS APPLICATION HAS BEEN RECORDED WITH THE RHODE ISLAND SECRETARY OF STATE CORPORATION DIVISION AND APPROVED FOR USE BY THE APPLICANT. I HEREBY VERIFY THAT EFFECTIVE THIS DATE AND FOR AS LONG AS THIS CONTRACTORS' REGISTRATION and LICENSING BOARD IS IN EFFECT, I HAVE AND WILL CONTINUE TO CARRY THE REQUIRED LIABILITY INSURANCE. I HEREBY VERIFY THAT TO THE BEST OF MY KNOWLEDGE ALL STATEMENTS ON THIS FORM <b>ARE COMPLETE, TRUE, CORRECT AND ACCURATE. I HEREBY ACKNOWLEDGE THAT MY GENERAL LIABILITY INSURANCE POLICY HAS BEEN OBTAINED TO COVER ALL ASPECTS OF WORK TO BE PERFORMED:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black;">SIGNATURE OF (PRINCIPAL RESPONSIBLE)</td> <td style="width: 40%; border-top: 1px solid black;">DATE</td> </tr> <tr> <td style="border-top: 1px solid black;">PRINT NAME OF (PRINCIPAL RESPONSIBLE)</td> <td style="border-top: 1px solid black;">SIGNED OR ATTESTED BEFORE ME ON</td> </tr> <tr> <td colspan="2">STATE OF _____ COUNTY OF _____</td> </tr> <tr> <td colspan="2">MY COMMISSION EXPIRES _____ NOTARY PUBLIC _____</td> </tr> </table>	SIGNATURE OF (PRINCIPAL RESPONSIBLE)	DATE	PRINT NAME OF (PRINCIPAL RESPONSIBLE)	SIGNED OR ATTESTED BEFORE ME ON	STATE OF _____ COUNTY OF _____		MY COMMISSION EXPIRES _____ NOTARY PUBLIC _____			
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MY COMMISSION EXPIRES _____ NOTARY PUBLIC _____											
10.)	<p><b>HAVE YOU COMPLETED YOUR MANDATORY PRE-REGISTRATION 5 HOUR COURSE? If yes, please submit copy of certificate of completion with this application.</b></p> <p><b>IF YOU HAVE NOT COMPLETED THE MANDATORY PRE-REGISTRATION COURSE, YOU WILL NOT BE ISSUED A REGISTRATION AND THIS APPLCATION WILL BE RETURNED TO YOU.</b></p>										
11.)	<p>SEND THIS APPLICATION AND THE APPROPRIATE FEE (SECTION 1 A, B, &amp; C \$200.00) TO THE DEPARTMENT OF ADMINISTRATION, CONTRACTORS' REGISTRATION AND LICENSING BOARD, ONE CAPITOL HILL, PROVIDENCE, RI 02908. REGISTRATION CARD WILL BE PROCESSED AT THAT TIME. ADDITIONAL CARDS FOR PARTNERS OR CORPORATE OFFICERS IN SECTION (2) REQUIRE A \$20.00 FEE PER CARD.</p> <p><b>MAKE CHECKS OR MONEY ORDERS PAYABLE TO R.I.C.R.L.B.</b></p> <p>ALL FEES, AFFIDAVIT, PRE-REGISTRATION COURSE CERTIFICATE and CORPORATION PAPPERS MUST ACCOMPANY THIS APPLICATION.</p> <p><b>NOTE:</b> ANY PERSON WHO FAILS TO REGISTER AS A CONTRACTOR OR VIOLATES A FINAL ORDER OF THE BOARD AS STIPULATED, AND UPON PROPER WRITTEN NOTIFICATION, SHALL BE DEEMED GUILTY OF A MISDEMEANOR.</p>										