



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT
 DEPARTMENT OF ADMINISTRATION
 BUILDING CODE COMMISSION
 CONTRACTORS' REGISTRATION AND LICENSING BOARD
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908-5859

(401) 222-1270
 TDD (401) 222-6334
 FAX (401) 222-1940
 WWW.CRB.STATE.RI.GOV

CONTRACTORS' REGISTRATION APPLICATION

1.)	A. <input type="checkbox"/> INDIVIDUAL PROPRIETOR REGISTRATION FEE \$200.00 2 YEARS	B. <input type="checkbox"/> PARTNERSHIP REGISTRATION FEE \$200.00 2 YEARS * ADDITIONAL CARDS ISSUED TO PARTNERS \$20.00 EACH	C. <input type="checkbox"/> CORPORATION OR LLC REGISTRATION FEE \$200.00 2 YEARS * ADDITIONAL CARDS ISSUED TO OTHER OFFICERS \$20.00 EACH	D. <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BOTH																
ALL REGISTRATIONS EXPIRE ON THE FIRST OF THE MONTH. PRINT/TYPE YOUR NAME AND BUSINESS NAME EXACTLY AS THEY WILL APPEAR ON THE REGISTRATION.																				
DRIVER'S LICENSE STATE _____ NO. _____ REGISTRATION # _____ <i>(OFFICE USE ONLY)</i>																				
NAME: _____ BIRTH DATE _____ <i>(PRINCIPAL RESPONSIBLE)</i>																				
ADDRESS (P.O. BOXES NOT ACCEPTABLE) _____																				
HOME TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____ CELLULAR TELEPHONE NUMBER _____																				
BUSINESS NAME _____																				
MAILING ADDRESS OF BUSINESS _____ CITY _____ STATE _____ ZIP CODE _____																				
AUTHORIZED REPRESENTATIVE _____ ISSUANCE DATE OF CORPORATION _____																				
2.)	<p style="color: red; margin: 0;"> 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 lawful attorney 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 attorney 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 to that status. (an attorney in good standing licensed to practice law in the State of Rhode Island) </p>																			
AGENT OF SERVICE NAME: _____ TELEPHONE NO. _____																				
ADDRESS: _____ CITY _____ ZIP CODE _____																				
LIST NAME AND ADDRESS OF ALL PARTNERS OR CORPORATE OFFICERS																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 25%;">NAME(S)</th> <th style="text-align: left; width: 35%;">ADDRESS</th> <th style="text-align: left; width: 20%;">DATE OF BIRTH</th> <th style="text-align: left; width: 20%;">DRIVER'S LICENSE 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 NO.												
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CORPORATIONS MUST BE FILED WITH THE RHODE ISLAND SECRETARY OF STATE'S CORPORATION DIVISION PRIOR TO FILING WITH THE CONTRACTORS' REGISTRATION and LICENSING BOARD. COPY OF FILED CORPORATE PAPERS REQUIRED																				
PRIMARY BUSINESS: _____																				
DO YOU PRIMARILY PERFORM (CHECK ONE): <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REMODELING <input type="checkbox"/> SUB-CONTRACTOR <input type="checkbox"/> OTHER _____																				
3.)	REQUIRED AFFIDAVIT ATTACHED R.I. GEN.LAW 5-65-5(f). (must be notarized) PROOF OF 5 HRS OF CONTINUING EDUCATION UNITS PROVIDED TO THE BOARD PURSUANT TO RIGL 5-65-5(e).			YES	NO															

4.) **REQUIRED LIABILITY INSURANCE:** 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.

I HEREBY ACKNOWLEDGE THAT MY GENERAL LIABILITY INSURANCE POLICY HAS BEEN OBTAINED TO COVER ALL ASPECTS OF WORK TO BE PERFORMED:

SIGNATURE

NAME OF LIABILITY INSURANCE CARRIER

POLICY NUMBER

INSURANCE AGENCY NAME

TELEPHONE NUMBER

AGENCY ADDRESS

5.) EMPLOYER ACCOUNTS: DO YOU NOW HAVE, OR DO YOU PLAN TO HIRE, EMPLOYEES? **YES** **NO**
IF "YES" GIVE THE FOLLOWING ACCOUNT NUMBERS:

WORKERS' COMPENSATION POLICY NUMBER
(REQUIRED FOR ONE (1) OR MORE EMPLOYEES)

UNEMPLOYMENT ACCOUNT NUMBER
(CALL 401-222-3696)

INSURANCE COMPANY NAME

FEDERAL EMPLOYER ID NUMBER

6.) CURRENT/PREVIOUS REGISTRATIONS: IF YOU HAVE BEEN LICENSED OR REGISTERED AS A CONTRACTOR IN THE PAST, LIST THE STATE, YOUR PREVIOUS REGISTRATION/LICENSE NUMBER(S) AND/OR BUSINESS NAME(S) USED:

7.) BUILDING SPECIALTIES: FOR CONSUMER INFORMATION PURPOSES, PLEASE LIST YOUR PRIMARY SPECIALTIES AS A CONTRACTOR, SUCH AS: GENERAL CONTRACTOR, ROOFER, CONCRETE, FRAMES, FINISH CARPENTER, ETC.

A.) _____ B.) _____ C.) _____

8.) HOW LONG HAVE YOU BEEN IN THIS TYPE OF BUSINESS? _____

9.) **SIGN IN THE PRESENCE OF NOTARY:** 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 ARE COMPLETE, TRUE, CORRECT AND ACCURATE.

SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER

DATE

PRINT NAME OF OWNER, PARTNER, CORPORATE OFFICER

SIGNED OR ATTESTED BEFORE ME ON

STATE OF _____ COUNTY OF _____

MY COMMISSION EXPIRES _____ NOTARY PUBLIC _____

10.) SEND THIS APPLICATION AND THE APPROPRIATE FEE (A, B, & 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 \$20.00 FEE FOR PARTNERS IN ITEM (1B) OR CORPORATE OFFICERS IN ITEM (1C) MUST ACCOMPANY APPLICATION AS WELL AS SIGNED AFFIDAVIT.

NOTE: ANY PERSON, WHO VIOLATES A FINAL ORDER OF THE BOARD, OR FAILS TO REGISTER AS A CONTRACTOR AS STIPULATED, AND UPON PROPER WRITTEN NOTIFICATION, SHALL BE DEEMED GUILTY OF A MISDEMEANOR.

* ALL RENEWALS ARE DUE ON THE 1ST OF THE RENEWAL MONTH. A LATE FEE OF \$25.00 WILL BE ASSESSED AFTER THE DUE DATE, **(FEES ARE NON REFUNDABLE)**