

- Application
- Birth Certificate
- High School Verif.
- Photo
- SS Addendum

****FOR OFFICE USE ONLY****

Receipt #

ID #

Issue Date

Apprentice Lic.# ELA

**Rhode Island
Board of Examiners in Electrology
Room 104
3 Capitol Hill
Providence, RI 02908-5097**

*Instructions and
License Application for:*

ELECTROLOGY APPRENTICE

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828 Fax: (401) 222-1272 TTY/TDD: (800) 745-5555

DIVISION OF PROFESSIONAL REGULATION
3 CAPITOL HILL, ROOM 104
PROVIDENCE, RI 02908
(401) 222-2827/FAX (401) 222-1272

WWW.HEALTH.STATE.RI.US

APPRENTICE ELECTROLOGIST

I HEREBY make application to the Office of Health Professions Regulation to be registered as an apprentice electrologist in accordance with the provisions of Section 5-32-4 of the General Laws as amended.

NAME _____
 First **Middle** **Last** **Maiden**

ADDRESS _____
 Street **City/Town** **State** **Zip Code**

TELEPHONE _____ **SS#** _____ **Birth Date** _____

E-MAIL _____ **FAX** _____

High School Graduation/GED Date Earned: _____

High School _____
 Name **Street** **City/Town** **State/Zip**

INSTRUCTOR'S STATEMENT

INSTRUCTOR'S NAME _____ **LICENSE #** _____
 First **Middle** **Last**

INSTRUCTOR'S ADDRESS

 Street **City/Town** **State/Zip**

AFFIDAVIT

State of Rhode Island, County of _____ **in** _____ **in**
said county on this _____ **day of** _____ **20**____, **personally appeared before me**

Signature of Applicant

Notary Public
My Commission Expires: _____

Signature of Instructor

SEAL

Completing your Board Application:

Complete all pages of the application. Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

**Rhode Island Department of Health
3 Capitol Hill, Room 104
Providence RI, 02908-5097**

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing. Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact this office at (401) 222-2828.

General Instructions

1. Make a copy of the application and forms before you begin, in case you make a mistake.
2. Type your information or print in blue or black ballpoint pen. Board staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise, mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to the Board.
5. It is your responsibility to check on the status of your application.

General Information

Complete and submit application along with the following:

1. Completed application signed & notarized (must be signed by, both, the Applicant and Instructor)
2. Verification of High School Graduation or GED equivalency
3. Certified copy of birth certificate
4. Passport size photograph
5. Tax Addendum Form

**Rhode Island Department of Health
3 Capitol Hill, Room 104
Providence RI, 02908-5097**

**MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional/Business License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN for Business)

Signature

Phone Number (including area code if not 401)

Date

Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing