

For office use only

Application Date \_\_\_\_\_ Amount \_\_\_\_\_ Ck.No. \_\_\_\_\_ NOTE \_\_\_\_\_



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
Onsite Wastewater Treatment Program  
Office of Water Resources, Room 260  
235 Promenade Street, Providence, RI 02908-5767



**APPLICATION for  
EXAMINATION AND LICENSE TO INSTALL, CONSTRUCT,  
ALTER or REPAIR  
ONSITE WASTEWATER TREATMENT SYSTEMS  
-- 2011 --**

**INSTRUCTIONS:** Please type or print in ink. Answer all questions.

**1. GENERAL INFORMATION**

Social Security No. \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Legal Mailing Address

\_\_\_\_\_  
City/town State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

Approximately how many hours per week will you devote to installing sewage disposal systems?  
\_\_\_\_\_

**2. REFERENCES AS TO QUALIFICATIONS**

Applicant shall list the names and addresses of three persons, unrelated to him/her, having knowledge of the applicant's technical background and relevant qualifications:

NAME	ADDRESS
1) _____	_____
2) _____	_____
3) _____	_____

**3. EDUCATION**

Name and location of Schools Attended	Years	From/To	Date Graduated	Course Degree/Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 4. (a) Do you have the ability to use an engineer's level or transit? Yes \_\_\_\_\_ No \_\_\_\_\_
- (b) Do you possess an engineer's level or transit? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please indicate: Manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_

Licenses are non-transferable.  
Attach unmounted recognizable photograph in this space with face not more than 1 inch or less than 3/4 inches wide. Photo taken not more than six months prior to filling application is required:

5. Have you ever possessed an installer's license which was revoked or suspended or which has expired?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please give date of revocation, suspension or expiration \_\_\_\_\_.

6. APPLICATION FEE  
Application fee is \$175.00.

Send check or money order payable to GENERAL TREASURER, STATE OF RHODE ISLAND  
(DO NOT SEND CASH) and completed application to:

Department of Environmental Management  
Office of Management Services  
235 Promenade Street  
Providence, RI 02908-5767

Upon passing the examination, a license will be issued effective January 1, 2012 and will expire on December 31, 2014.

7. PRE EXAMINATION PREPARATION  
An optional information and examination preparation class will be incorporated into the New England Onsite Wastewater Training Program at URI (NEOWTP) "Conventional Onsite Wastewater Treatment Basics for Installers" course (OWT 100). The course is scheduled for September 1, 2011 from 8:00 AM to 5:00 PM. The standard course registration fee is \$175; if registration is received by NEOWTP at least 14 calendar days before the day of the class the early registration fee is \$150. Additional information regarding registration and attendance is available online at <http://www.uri.edu/ce/wq/OWT/>

8. EXAMINATION DATE  
The examination date for the next installers' examination has been set for:

Thursday, September 8, 2011, from 9:00 AM until Noon  
Department of Environmental Management  
235 Promenade Street, Room 300  
Providence, RI 02908-5767

9. AFFIDAVIT  
The Applicant, by this application agrees to perform all construction in accordance with the provisions of RULES ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF ONSITE WASTEWATER TREATMENT SYSTEMS, as amended, and RIGL 5-56, whichever is more stringent and to cease construction and notify the Department should the site information on the approved plan be incorrect.

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)