Board of Veterinarian Checklist

- ☐ Application
- ☐ Application Fee ($40.00)
- ☐ License Fee ($330.00)
- ☐ CSR Application and Fee ($140.00)
- ☐ National Boards
- ☐ Transcript
- ☐ Photo
- ☐ Birth Certificate/Legal Entry
- ☐ SSN Verification

FOR OFFICE USE ONLY
Application Approved:
License Number:
Issue Date:
Board Member Signatures
Signature of Board Administrator
ID#:
Receipt #:

Rhode Island
Board of Examiners in Veterinary Medicine

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For
License As A

Veterinarian

☐ **Endorsement**
☐ **Examination**

Applicant - Print Name (First/MI/Last)

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

Revised 05/13/2010 jcp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....4

Instructions for Completing Application.....5

Application Materials

Application.....6-9
Application Checklist.....10
Endorsement Information Form/Interstate Verification Form - Other State License(s).....11
RI Uniform Controlled Substances Registration Application (CSR).....12

Licensure Requirements (All Applicants)

All applicants for licensure must be graduates of veterinary schools approved or accredited by the American Veterinary Medical Associatioin (AVMA) and then only from such schools as are in good standing with this Board on the date of graduation. Candidates wo obtained their veterinary education at a school located outside the United States or Canada must meet the special requirement described under "*Graduates of Foreign Colleges of Veterinary Medicine*"

- Completed, notarized application.
- Fee of **$370.00** ($40.00 application fee plus $330.00 licensure fee) **OR $510.00** with CSR (additional $140.00 fee for Controlled Substances Registration required to prescribe/dispense schedule II through V drugs)
- Birth Certificate (***original or a copy notarized as being a true copy of the original)***, or if born outside the United States, proof of citizenship or lawful alien status, ***(original or a copy notarized as being a true copy of the original).***
- Official transcripts **directly** from your veterinary program.
- One (1) recent identification photograph of the applicant, head and shoulders, front view, approximately 2 X 2 inches in size. The photograph must be submitted with the application. Foreign graduates must have their photograph verified by the E.C.F.V.G.
- The results of the National Board Examinationi (NBE) and the Clinical Competency Test (CCT), or the North American Veterinary Licensing Examination (NAVLE), sent directly from the testing service. The Veterinary Information Verification Agency application used for this purpose is available online:

http://www.aavsb.org/viva.html

Endorsement

- In addition to the above listed requirements, **ALL** applicants who hold or have held a Veterinarian license in any state must provide a completed Interstate Verification Form (page 11) from each of those states. The Board of Veterinary Medicine in each state in which the applicant has held or holds licensure must submit **directly** to the RI Board a statement attesting to the licensure status of the applicant during the time period the applicant held licensure in said state

All applications, communications and inquiries should be addressed the the Rhode Island Department of Health, Room 104, Office of Professional Regulation, 3 Capitol Hill, Providence, RI, 02908-5097.

An application must be complete 30 days prior to a Board meeting in order to be considered for licensure.

The Rhode Island Department of Health may issue a license to practice Veterinary Medicine in Rhode Island upon recommendation of the Rhode Island Board of Examiners in Veterinary Medicine by endorsement to an applicant who; has obtained a passing score of -1.0 Standard Deviation on the National Board Examination (NBE) and Clinical Competency Test (CCT) administered between 1 May 1979 and 1 May 1992 (Veterinary school graduates prior to 1 May 1979 are exempt from the CCT requirement) or; has obtained the criterion referenced passing score, as recommended by the National Board Examination Committee, Standard Setting Committee on the NBE and CCT administered after 1 December 1992; and who meets the requirements for licensure in this state as an individual. This privilege will be extended to licentiates of only those states which extend the same privilege to veterinarians licensed to practice in the state of Rhode Island.

Graduates of Foreign Colleges of Veterinary Medicine

The Rhode Island Board of Examiners in Veterinary Medicine does not have a formal list of accredited foreign veterinary schools (schools outside of the United States and Canada). Applications for licensure from graduates of such schools will be considered only on an individual basis in accordance with the following rules:

In addition to all of the requirements listed under "*Licensure Requirements (All Applicants*)" , the applicant must file a certified copy with translation, satisfactory to the board, of his veterinary diploma to which the candidate must make affidavit that he or she is the person named therein.

Satisfactory evidence of pre-veterinary education equivalent to the requirements of the Association of the American Veterinary Colleges and the Commission on Veterinary Medical Education of the American Veterinary Medical Association must be submitted.

No foreign graduates will be considered if he or she has at any time been dismissed from any American Veterinary Medical School.

Applicants who are graduates of a foreign veterinary medical school must present a qualifying cerfificate from the Educational Commission for Foreign Veterniary Graduates (ECFVG) which is issued after a complete evaluation of the credentials and testing of the applicant's veterniary knowledge by the agency. The address of the Educational Commission for Foreign Veterinary Graduates is: American Veterinary Medical Association, 930 North Meacham Road, Schaumburg, IL 60196 - Web Site: http://www.avma.org/defaultecfvg.asp

Rules and Regulations/Laws

The Rules and Regulations for "Licensure of Veterinarians" can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2557.pdf

Title 5, Chapter 25, entitled:Veterinary Practice can be downloaded at the following web site:

http://www.rilin.state.ri.us/Statutes/TITLE5/5-25/INDEX.HTM

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Examiners in Veterinary Medicine (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 10) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process within 1 year, a new application must be submitted. If you are approved to take the examination, the examination approval process does not expire within one year.

All material must be received 30 days prior to a scheduled Board Meeting in order to be considered for endorsement of licensure from another jurisdiction.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/vets.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

http://www.health.ri.gov/hsr/professions/license.php

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 application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

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 ball-point pen. HEALTH staff will not make assumptions about illegible information.
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 HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 6-9). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.

2. Make check or money order (in U.S. funds only) for the application fee of **$370.00 (or $510.00 with CSR)** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE . Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All Veterinarians licenses expire biennally on May 1st of the even numbered years.

3. **For those born in US**: An original or notarized copy of birth certificate. **For those born outside US**: An original or notarized copy of citizenship or lawful alien status.

4. Affix a recent **2 X 2 photo** of yourself, signed and notarized, in the space provided (page 9).

5. A completed official transcript **sent directly** from the accredited school of **Veterinary Medicine** to the Board of Examiners in Veterinary Medicine. No student copies will be accepted.

6. Examination scores, **sent directly** from the **VIVA (Telephone 1-877-698-VIVA)** to the Board of Examiners in Veterinary Medicine (see address below).

7. **(Endorsement Candidates):** Please send the license verification form on page 11 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. The Board must receive these verifications **directly** from the licensing authority in each state.

8. Mail the application and documentation to:

Rhode Island Department of Health
Room 104
Board of Examiners in Veterinary Medicine
3 Capitol Hill
Providence, RI 02908-5097

State of Rhode Island and Providence Plantations
Board of Examiners in Veterinary Medicine

Application for License as a Veterinarian

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/ Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

NOTE:
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

3. Gender

☐ Male ☐ Female

4. Date and Place of Birth

Month Day Year

City and State; **OR** Province and Country, etc., if NOT U.S.

5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/ employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Business Phone Extension Business Fax

7. Preferred Mailing Address

Please check ONE

☐ Please use my **Home Address** as my preferred mailing address

☐ Please use my **Business Address** as my preferred mailing address

NOTE: The preferred mailing address that you indicate is the address that will be released for all requests for that information.

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (University, College, etc.)

Name of School

Date Graduated Month Year

Is school accredited by the American Veterinary Medical Association (AVMA)? ☐ Yes ☐ No

Degree Received

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? ☐ Yes ☐ No

If the answer to this question is ***"yes"***, enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession*.

State/Country:			State/Country:		
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive
	☐ Active	☐ Inactive		☐ Active	☐ Inactive

(**You must also request a License Verification (page 11) from all states that are listed above*)

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? ☐ Yes ☐ No

Abbreviation of State and Conviction[1] (e.g. CA - Illegal Possession of a Controlled Substance):

	Month	Year

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? ☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state? ☐ Yes ☐ No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Veterinarian in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners in Veterinary Medicine of any change in the answers to these questions after this application and this affidavit is signed.

_____ Signature of Applicant

_____ Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

Notary Seal

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape (top of photograph only) in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

Affix Photo Here

Write your name on the back of the photograph, and provide the date that the photograph was taken.

_____ Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the application as instructed (pages 6-9).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, **"Affidavit of Applicant"**, and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, **"Recent Photograph"** as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate (***original or a copy notarized as being a true copy of the original)***, or if born outside the United States, proof of citizenship or lawful alien status, ***(original or a copy notarized as being a true copy of the original)***, and understand that submitted documents will not be returned.
- ☐ I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the: ***"Rhode Island General Treasurer"*** in the amount of **$370.00 (or $510.00 with CSR)** and attached it to the upper left-hand corner of the cover page (top page) of the application.
- ☐ I have arranged my Application materials in the following order.

  1. Fee (attached as instructed).
  2. Board Application (including cover page) and pages 6-9.
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] MUST indicate the section for which the information is being reported.]

- ☐ I have mailed the above application materials directly to the RI Board of Examiners in Veterinary Medicine.
- ☐ I have reviewed the Rules and Regulations pertaining to the Licensing of Veterinarians.

Required Forms

I have completed and mailed the following forms as instructed.

- ☐ 1. Endorsement Form/Interstate Verification Form(s) - Other State License(s) (**Endorsement Candidates Only**).

Other Documents

- ☐ I have requested an official school transcript and my examination scores from the VIVA as instructed.

Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license. Copy this form as needed.

Rhode Island Board of Examiners in Veterinary Medicine

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as a Licensed Veterinarian in the State of Rhode Island. The Rhode Island Board of Examiners in Veterinary Medicine requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Examiners in Veterinary Medicine at the above address.

Print/Type Full Name

Signature _____ Date _____

Previous Names Used

Social Security Number

Date of Birth

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE VETERINARY MEDICINE BOARD

Directions for State Board: Please complete and return this form to the address above .
Please verify requirements met in your state:

Veterinary Degree from Accredited School?	Licensed by Examination?	If not by examination, how was license obtained?
☐ Yes ☐ No	☐ Yes ☐ No	Endorsement _____ (State) Other _____ (Explain)

Applicant has completed and passed the National Certification Exam:	License Status:	Original Date Issued:	Expiration Date:
☐ Yes ☐ No Score_____ Level of Exam:_____	☐ Active ☐ Inactive ☐ Lapsed		

Questions:

1. Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

_____

_____

_____

Certification:

Signature _____ Date _____

Type or Print Name

Title

Full Name of Licensing Board

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

Substitute forms are not acceptable - This form may be duplicated as needed.

Rhode Island Board of Veterinary Medicine

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2827

Rhode Island Uniform Controlled Substances Act Registration (CSR)

I am applying for a Rhode Island Uniformed Controlled Substances Act Registration (CSR). **I understand that there is an additional $140.00 fee for this Registration and that the check or money order must be made out to the RI General Treasurer.**

Print/Type Full Name

Business Name

Current RI DVM LicenseNo.

Signature

Business Address

Business Telephone

Date

Business Fax

Complete this application for registration to prescribe controlled substances in the State of Rhode Island

The Rhode Island Uniform Controlled Substances Act can be accessed at the following web Site:
www.rilin.state.ri.us/Statutes/Title21/21-28/index.htm

Drug Schedule (Check all that apply)

☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ ScheduleV

A CSR is not required if there will be no controlled substances prescriptions prescribed in this state.

The CSR is renewed at the same time that the professional license is renewed.

NOTE:
Read Important Information on the bottom of this application.

A Copy of the DEA Registration must be provided to the Veterinary Board within 60 Days of its issuance by the DEA. The DEA Registration must be issued to your Rhode Island Practice Address in order for it to be valid. If you are relocating from another state, you need to apply for a DEA Registration that is specific to Rhode Island. See The bottom of this form for information on how to contact DEA.*

All Applicants MUST answer the following:

A. Has the applicant been convicted of, or entered a plea of nolo contendere to a violation of any state or federal law relating to manufacturing, distributing, possessing, prescribing, administering or dispensing of drugs presently defined as controlled substances under Chapter 21-28, General Laws of Rhode Island? ☐ Yes ☐ No

B. Has the registration application or registration of the applicant, corporation, firm, partner, or officer of the applicant been surrendered, revoked, suspended or denied under any law of the United States or of any state relating to drugs presently defined as controlled substances under Chapter 21-28 of the General Laws of Rhode Island, or is such action pending? ☐ Yes ☐ No

If you answered "Yes" to question "A" or "B" attach an explanation to this form.

Important Information

Issuance of a Rhode Island Controlled Substances Registration is contingent upon registration by the U.S. Drug Enforcement Administration. If denied a "DEA Registration", the Rhode Island Controlled Substances Registration becomes "**VOID**". Licensed drug facilities and licensed practitioners with prescriptive privileges, cannot dispense, possess, store or ship controlled substances in or into the State of Rhode Island without a valid drug facility or professional license. Rhode Island Controlled Substances Registration (CSR), and a federal Drug Enforcement Administration (DEA) Registration. Practitioners may only prescribe, dispense, possess, and store controlled substances within their particular "scope of practice". "Controlled Substances" for purposes of this application, means a prescription drug in Schedules II through V, pursuant to the Rhode Island Uniform Controlled Substances Act, and 21 CFR 1300 of the Federal Code of Regulations. Schedule I drugs are used by researchers, and require the submission of a protocol.

Without a Rhode Island CSR, and federal DEA Registration, licensed drug facilities, and practitioners with prescriptive privileges, may dispense or possess non-controlled prescription medications under its facility or professional license. A CSR will not be granted to an applicant whose BOARD licensure application is "pending" in this state.

A Rhode Island Controlled Substances Registration must be obtained prior to applying for the DEA Registration. Federal regulations require that applicants comply with individual state requirements prior to issuance of a DEA Registration. Once the CSR is issued, applicants must apply to the U.S. Drug Enforcement Administration for a federal registration using that agency's DEA Form 224 (New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner). Applicants may apply on-line for the DEA Registration at the following web site: www.deadiversion.usdoj.gov./drugreg/reg_apps/index.html

*You can also receive an application, or check the status of a pending DEA Registration by contacting the Drug Enforcement Administration at the following location: Registration Unit, US Drug Enforcement Administration, JFK Federal Building, 15 New Sudbury Street, Boston, MA 02203-0131, Telephone (888) 272-5174.

NOTE:

- Schedules II, III, and IV of section 21-28-2.08 will become void unless dispensed within thirty (30) days of the original date of the prescription.
- Prescriptions in schedules III, IV and V cannot be written for more that one hundred (100) dosage units and not more than one hundred (100) dosage units maybe dispensed at one time. For purposes of this section, a dosage unit shall be defined as a single capsule, tablet or suppository, or not more than one (1) teaspoon of an oral liquid.
- Prescriptions in schedule II may be written for up to a 30-day supply, with a maximum of two hundred and fifty (250) dosage units, as determined by the prescriber's directions for use of the medication.

State of Rhode Island and Providence Plantations

DEPARTMENT OF HEALTH

Office of the Director

Cannon Building
3 Capitol Hill
Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation 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.

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.

Signature	Date	Social Security Number (SSN) or Federal Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.