



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
 Division of Capital Asset Management & Maintenance
CONTRACTORS' REGISTRATION AND LICENSING BOARD
 One Capitol Hill
 Providence, RI 02908-5859

Office (401)222-1270
 FAX (401)222-1940
www.crb.ri.gov

COMMERCIAL/ INDUSTRIAL ROOFERS REGISTRATION

1)

OWNERSHIP: PLEASE PLACE A CHECK MARK IN THE CORRECT BOX.

A. <input type="checkbox"/> INDIVIDUAL PROPRIETOR REGISTRATION FEE \$400.00 2 YEARS	B. <input type="checkbox"/> PARTNERSHIP REGISTRATION FEE \$400.00 2 YEARS * ADDITIONAL CARDS ISSUED TO PARTNERS \$20.00 EACH	C. <input type="checkbox"/> CORPORATION OR LLC REGISTRATION FEE \$400.00 2 YEARS * ADDITIONAL CARDS ISSUED TO OTHER OFFICERS \$20.00 EACH	D. <input type="checkbox"/> JOINT VENTURE REGISTRATION FEE \$400.00 2 YEARS * ADDITIONAL CARDS ISSUED TO OTHER OFFICERS \$20.00 EACH
---	---	--	---

**ALL LICENSES EXPIRE ON THE FIRST OF THE MONTH
 PRINT / TYPE YOUR NAME AND BUSINESS NAME EXACTLY AS THEY WILL APPEAR ON THE LICENSE**

Drivers License State _____ No. _____ Registration / License No. _____
 (OFFICE USE ONLY)

Name: _____ Date of Birth _____
 (PRINCIPAL RESPONSIBLE)

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 _____ Issuance Date of Corporation _____

PROVIDE INFORMATION OF ALL PARTNERS OR ADDITIONAL CARD HOLDERS BELOW.

Name(s)	Address	Date of Birth	Drivers License State / No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.
COPY OF FILED CORPORATE PAPERS REQUIRED. CORPORATION ISSUANCE DATE _____.

AGENT OF SERVICE :

No registration/license 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 OR attorney who's office is located in Rhode Island 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.

AGENT OF SERVICE NAME: _____ TELEPHONE NO. _____

ADDRESS _____ CITY _____ ZIP CODE _____

INSURANCE:

REQUIRED LIABILITY INSURANCE: YOU ARE REQUIRED TO HAVE IN EFFECT THROUGHOUT THE PERIOD OF REGISTRATION, PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE IN THE FOLLOWING MINIMUM AMOUNT \$1,500,000.00 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 BOARD WILL BE NOTIFIED BY THE INSURANCE CARRIER UPON CANCELLATION OF THE REGISTRANT'S INSURANCE POLICY.

I HEREBY ACKNOWLEDGE THAT MY GENERAL LIABILITY INSURANCE HAS BEEN OBTAINED TO COVER ALL ASPECTS OF THE BUILDING TRADE WORK PERFORMANCE.

Signature

Name of Liability Insurance Carrier

Policy Number

Insurance Agency Name

Phone Number

Agency Address

BOND:

Total amount of bonding available: \$ _____. **MINIMUM (\$100,000) bonding per individual project.**

Name of BOND provider _____.

Date of BOND Expiration _____.

3)

EMPLOYEES:

DO YOU NOW HAVE, OR DO YOU PLAN TO HIRE, EMPLOYEES? IF "YES" PLEASE SUPPLY THE FOLLOWING INFORMATION:

Workers' Compensation Number
(required for (1) or more employees)

Unemployment Account Number
R.I. Workers Compensation (401-462-8100)

Federal Employer ID Number

DO ALL YOUR FIELD EMPLOYEES HAVE A CURRENT 10 HR. OSHA CERTIFICATE YES NO

4)

WHAT IS YOUR PRIMARY BUSINESS?: NEW CONSTRUCTION REROOFING SUBCONTRACTOR OTHER _____

DOES YOUR COMPANY HAVE AN ONGOING SAFETY PROGRAM? YES NO

WHAT KIND OF ROOFING WORK DOES YOUR COMPANY PERFORM? CHECK ALL THAT APPLY:

Build-up Cold Process Metal Modified Bitumen Roof Deck Shakes Sheet Metal Shingles Single Ply Slate Spray Tile
Waterproofing Other _____

CURRENT / PREVIOUS REGISTRATIONS or LICENSES:

List state and categories in which your company is legally qualified to do business, indicate registration or license numbers. List states in which partnership, corporation or LLC is filed.

State	Category	Registration/ License No.	Name of: Partnership, Corporation or LLC
_____	_____	_____	_____
_____	_____	_____	_____

5) **HAVE YOU COMPLETED THE (10) Hr. BOARD APPROVED CONTINUING ROOFING EDUCATION REQUIREMENTS?**
YES NO

6) **FINANCES:**
Please attach a copy of your company's current balance sheet and other evidence of financial stability.
Provide name of preparer of financial statement and date prepared.
Is this statement for the company seeking application? YES NO if "not" please explain (i.e. parent, subsidiary)

Each business entity requires a separate license.

7) **REFERENCES:**

The following original items less than 30 days old must be submitted with this application:
a) One credit reference letter from the trade;
b) One credit reference from a financial institution;

8) **PROJECTS:**

a) List all Commercial/ Industrial projects in progress (use RICRLB form A)
b) List all Commercial/ Industrial projects completed over the last (3) years (use RICRLB form B)

9)

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 _____

SEND THIS APPLICATION AND THE APPROPRIATE FEE (SECTION 1 A, B, & C \$400.00) 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 OR CORPORATE OFFICERS MUST ACCOMPANY APPLICATION.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO R.I.C.R.L.B.
NOTE: ANY PERSON FAILS TO REGISTER AS A CONTRACTOR OR WHO VIOLATES A FINAL ORDER OF THE BOARD AS STIPULATED, AND UPON PROPER WRITTEN NOTIFICATION, SHALL BE DEEMED GUILTY OF A MISDEMEANOR, AND SHALL, ON CONVICTION THEREOF, BE IMPRISONED, WITH OR WITHOUT HARD LABOR, FOR A TERM NOT EXCEEDING ONE (1) YEAR, OR BE ASSESSED A FINE NOT EXCEEDING \$10,000.00 FOR EACH OFFENSE.

AFFIDAVIT

I, _____, being duly sworn, hereby depose and state that I have

(Print your name)

read and will abide by the following provisions, understanding that the foregoing highlights significant aspects of the Registration Act, but does not represent the law in its entirety:

1. All contracts exceeding **\$1,000.00** in value must be in writing and must contain the following:
 - a) **A right of rescission** clause (if applicable). See R.I.G.L. § 5-65-3 (p)
 - b) **Mechanics lien notice:** requires that all written contracts entered into between a property owner and a contractor must contain a statement that the contractor, sub contractor or material supplier may file a lien pursuant to the Rhode Island Mechanics Lien Act at Ch. 28 title 34 of the R.I. Gen Laws See R.I.G.L. § 5-65-18;
 - c) A location, on or near the signature line, in which the parties to the agreement initial that they have received certain **consumer education materials**, including a notice of possible mechanics lien. See R.I.G.L. § 5-65-3 (o).
2. Permits must be secured as required by the Rhode Island State Building Code prior to commencing work. See R.I.G.L. § 5-65-3 (m).
3. Any person, or contractor, registered or not, who uses another's registration, or authorizes the use of their registration by another, is subject to a fine. See R.I.G.L. § 5-65-3 (h).
4. The violation of a final order of the Board is a misdemeanor offense and the violation of three (3) or more final orders of the Board may be prosecuted as a felony. See R.I.G.L. § 5-65-19 (a) & (c).
5. Fines and penalties payable to and for the benefit of a governmental unit may constitute a non-dischargeable debt in a bankruptcy proceeding. See Bankruptcy Code § 523 (a) (7).
6. Should the board, pursuant to its investigatory powers (See R. I.G.L. §5-65-16 (c)), subpoena financial documents from an individual or his/her business, any suspicion of nondisclosure or improper record keeping may be reported to the appropriate authority.
7. Rhode Island law requires anyone who digs to notify utility companies before excavating. See Title 39 Chapter 1.2 of the RI Gen. Laws. Dig Safe® is a free service that notifies member companies of future digs so that the location of underground facilities can be identified on the job site. Call 1 (888) DIG-SAFE.
8. A contractor must notify the Board in writing of any change of address while registered and for one (1) year following the date of an expired or otherwise inactive registration. See R.I.G.L. § 5-65-6.
9. Throughout the period of registration, the contractor shall have liability and property damage insurance covering the scope of work in an amount not less then Five Hundred Thousand Dollars (\$500,000.00). See R.I.G.L. § 5-65-7 (a).
10. A partnership, corporation, or joint venture may do work, offer to do work or submit a bid to perform work only if registered. In the case of registration by a corporation or partnership, an individual shall be designated to be responsible for the work performed. The corporation or partnership and its designee shall be jointly and severally liable for any fees and violations. See R.I.G.L. § 5- 65-3.
11. Every business operating with one or more employees (with few exceptions) must have worker's compensation insurance coverage. Workers compensation covers 100% of an injured employee's medical expenses and provides for a percentage of his/her lost wages. For more information consult the Internal Revenue Code or contact the U.S. Department of the Treasury Internal Revenue Service. It is your responsibility to properly identify employees. Employers who do not have the required workers comp insurance may be sued by an injured employee and are subject to penalties imposed by the Department of Labor Training.
12. As determined by the Act, and applicable rules and regulations, as a condition of registration, residential contractors must provide satisfactory proof of the completion of five (5) pre-approved hours of continuing education units. See R.I.G.L. §5-65-5 (e) and §5-65-10 (17).
13. Using the word "license" in any form of advertising when not applicable may subject the registrant, or an individual required to be registered, to a fine of one hundred dollars (\$100) for each offense at the discretion of the board. See R.I.G.L. 5-65-3 (l) (ii).
14. This affidavit has been provided pursuant to R.I.G.L. §5-65-5 (f) and must be completed upon initial registration and/or renewal as a condition of registration for residential construction.
15. Pursuant to RIGL §5-65-10 (L) no person shall register with the Board for the purpose of deceiving or circumventing the registration process by enabling a person whose registration has been suspended or revoked to conduct business.
16. The under signed asserts that he or she understands the full intent of R.I.G.L. § 5-73.

HEREBY VERIFY THAT ANY CORPORATION INCLUDED IN THIS APPLICATION HAS BEEN RECORDED WITH THE 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 BOARD 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 AND CORRECT AND ACCURATE.

Print name (principle)

	/ /	
<i>Sign (principle)</i>	<i>Dated</i>	<i>COUNTY</i>

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public
Name: _____ *My Commission Expires:* _____

Contractors' Registration and Licensing Board
FORM A
Commercial Roofing Projects in Progress

	PROJECT TITLE ADDRESS	OWNER	COMPANY NAME	CONTACT PERSON	CONTRACT AMOUNT	% COMPLETE	TELEPHONE #
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Contractors' Registration and Licensing Board
FORM B
Commercial Roofing Projects over the Past 3 Years

	PROJECT TITLE ADDRESS	OWNER	COMPANY NAME	CONTACT PERSON	CONTRACT AMOUNT	% WORK OWNER <input type="checkbox"/> SUB <input type="checkbox"/>	ADDRESS PHONE #
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Contractors' Registration and Licensing Board
Roofing Contractors'

CHECK LIST

Completed Application _____

CRLB Form A _____

CRLB Form B _____

Certificate of Insurance _____

Workers Compensation Insurance _____
(As required by Statute)

Trade Reference _____

Credit Reference Form Financial Institution _____

Corporate Papers _____
(If applicable)

Certificate of Good Standing from Secretary of State _____
(If foreign Corp.)

Certificate of Insurance _____
(\$1,500,000.00)

Affidavit Completed _____

Agent of Service _____
(Out of state contractors only)

Proof of successfully Passing Grade the Commercial Roofer Examination _____