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

CONTRACTORS' REGISTRATION APPLICATION

1.)

A.	B.	C.	Check box below of structures you will be working on.
☐ **INDIVIDUAL PROPRIETOR REGISTRATION FEE $200.00 2 YEARS**	☐ **PARTNERSHIP REGISTRATION FEE $200.00 2 YEARS * ADDITIONAL CARDS ISSUED TO PARTNERS $20.00 EACH**	☐ **CORPORATION OR LLC REGISTRATION FEE $200.00 2 YEARS * ADDITIONAL CARDS ISSUED TO OTHER OFFICERS $20.00 EACH**	☐ **Commercial Structures** ☐ **Residential Structures** ☐ **Residential and Commercial Structures**

PROOF OF RHODE ISLAND STATE RESIDENCY IS REQUIRED 3.2(7)

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 No._____
(OFFICE USE ONLY)

Name:_____ Date of Birth _____
(PRINCIPAL RESPONSIBLE)

_____ E-Mail _____
Address (P.O. BOXES NOT ACCEPTABLE)

_____ _____ _____
Home Phone Number Business Phone Number Cell Phone Number

_____ _____
Business Name Web Address

_____ _____ _____ _____
Mailing Address of Business City State Zip Code

_____ _____
Authorized Representative FEIN #

2.)

PROVIDE INFORMATION OF ALL PARTNERS OR ADDITIONAL CARD HOLDERS BELOW.

NAME(S)	ADDRESS	DATE OF BIRTH	DRIVER'S 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 _____.

3.)

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 registered agent (an attorney whose office is located within the boundaries of the State of R.I. or a registered agent listed with the R.I. Secretary of State Office) 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_____

4.)

	YES	NO
REQUIRED AFFIDAVIT ATTACHED R.I. GEN.LAW 5-65-5(f). (SIGNED BY PRINCIPAL AND NOTORIZED)		

5.)

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.

_____ _____

NAME OF LIABILITY INSURANCE CARRIER **POLICY NUMBER**

_____ _____

TELEPHONE NUMBER **INSURANCE AGENCY NAME**

_____ _____ _____ _____

AGENCY ADDRESS **CITY** **STATE** **ZIP CODE**

6.)

EMPLOYEES: DO YOU NOW HAVE, OR DO YOU PLAN TO HIRE, EMPLOYEES? **□ YES** **□ NO**

I HEREBY VERIFY THAT WORKER COMPENSATION INSURANCE IS IN EFFECT AND RECORDED WITH THE RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING (REQUIRED FOR ONE (1) OR MORE EMPLOYEES). I HEREBY VERIFY THAT EFFECTIVE THIS DATE AND FOR AS LONG AS THIS REGISTRATION IS IN EFFECT AND I EMPLOY ANY PERSONS, I HAVE AND WILL CONTINUE TO CARRY THE REQUIRED WORKER COMPENSATION INSURANCE.

Worker Compensation Carrier_____ Policy #_____

7.)

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

8.)

PRIMARILY WORK PERFORM (CHECK ONE): □ NEW CONSTRUCTION □ REMODELING □ SUB-CONTRACTOR

□ ROOFING (RESIDENTIAL) □ OTHER_____

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

_____ _____

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 _____

10.)

HAVE YOU COMPLETED YOUR MANDATORY PRE-REGISTRATION 5 HOUR COURSE?
If yes, please submit copy of certificate of completion with this application.

*IF YOU HAVE NOT COMPLETED THE MANDITORY PRE-REGISTRATION COURSE, YOU WILL NOT BE ISSUED A REGISTRATION AND THIS APPLCATION WILL BE RETURNED TO YOU.

11.)

SEND THIS APPLICATION AND THE APPROPRIATE FEE (SECTION 1 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 CARDS FOR PARTNERS OR CORPORATE OFFICERS IN SECTION (2) REQUIRE A $20.00 FEE PER CARD.
MAKE CHECKS OR MONEY ORDERS PAYABLE TO R.I.C.R.L.B.
ALL FEES, AFFIDAVIT, PRE-REGISTRATION COURSE CERTIFICATE and CORPORATION PAPPERS MUST ACCOMPANY THIS APPLICATION.
NOTE: ANY PERSON WHO FAILS TO REGISTER AS A CONTRACTOR OR VIOLATES A FINAL ORDER OF THE BOARD AS STIPULATED, AND UPON PROPER WRITTEN NOTIFICATION, SHALL BE DEEMED GUILTY OF A MISDEMEANOR.