

**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.)	<b>A.</b> <input type="checkbox"/> <b>INDIVIDUAL PROPRIETOR                  REGISTRATION FEE                  \$200.00 2 YEARS</b>	<b>B.</b> <input type="checkbox"/> <b>PARTNERSHIP REGISTRATION                  FEE \$200.00 2 YEARS                  * ADDITIONAL CARDS ISSUED                  TO PARTNERS                  \$20.00 EACH</b>	<b>C.</b> <input type="checkbox"/> <b>CORPORATION OR LLC                  REGISTRATION FEE                  \$200.00 2 YEARS                  * ADDITIONAL CARDS ISSUED                  TO OTHER OFFICERS                  \$20.00 EACH</b>	<b>Check box below of structures                  you will be working on.</b> <input type="checkbox"/> Commercial Structures <input type="checkbox"/> Residential Structures <input type="checkbox"/> Residential and Commercial Structures																
<b>PROOF OF RHODE ISLAND STATE RESIDENCY IS REQUIRED 3.2(7)</b>																				
<b>ALL REGISTRATIONS EXPIRE ON THE FIRST OF THE MONTH.                  PRINT/TYPE YOUR NAME AND BUSINESS NAME EXACTLY AS THEY WILL APPEAR ON THE REGISTRATION.</b>																				
Driver's License State _____ No. _____ Registration No. _____ <span style="float:right;">(OFFICE USE ONLY)</span>																				
Name: _____ Date of Birth _____ <span style="margin-left: 20px;">(PRINCIPAL RESPONSIBLE)</span>																				
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 _____ FEIN # _____																				
2.)	<b>PROVIDE INFORMATION OF ALL PARTNERS OR ADDITIONAL CARD HOLDERS BELOW.</b>																			
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">NAME(S)</th> <th style="width:30%;">ADDRESS</th> <th style="width:20%;">DATE OF BIRTH</th> <th style="width:20%;">DRIVER'S LICENSE STATE &amp; NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					NAME(S)	ADDRESS	DATE OF BIRTH	DRIVER'S LICENSE STATE & NO.												
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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. <b>COPY OF FILED CORPORATE PAPERS REQUIRED.</b> CORPORATION ISSUANCE DATE _____																				
3.)	<p style="color:red; margin:0;"> <b>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.</b> </p> AGENT OF SERVICE NAME: _____ TELEPHONE NO. _____ ADDRESS _____ CITY _____ ZIP CODE _____																			
4.)	<b>REQUIRED AFFIDAVIT ATTACHED R.I. GEN.LAW 5-65-5(f). (SIGNED BY PRINCIPAL AND NOTORIZED)</b>			YES <input type="checkbox"/>	NO <input type="checkbox"/>															

