



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT
 DEPARTMENT OF ADMINISTRATION
 BUILDING CODE COMMISSION
 CONTRACTORS' REGISTRATION AND LICENSING BOARD
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908-5859

(401) 222-1270
 TDD (401) 222-6334
 FAX (401) 222-1940
 WWW.CRB.STATE.RI.US

CONTRACTORS' REGISTRATION APPLICATION

1.)	A. <input type="checkbox"/> INDIVIDUAL PROPRIETOR REGISTRATION FEE \$200.00 2 YEARS	B. <input type="checkbox"/> PARTNERSHIP REGISTRATION FEE \$200.00 2 YEARS * ADDITIONAL CARDS ISSUED TO PARTNERS \$20.00 EACH	C. <input type="checkbox"/> CORPORATION OR LLC REGISTRATION FEE \$200.00 2 YEARS * ADDITIONAL CARDS ISSUED TO OTHER OFFICERS \$20.00 EACH	D. <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BOTH																
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 # _____ <i>(OFFICE USE ONLY)</i>																				
NAME: _____ BIRTH DATE _____ <i>(PRINCIPAL RESPONSIBLE)</i>																				
ADDRESS (P.O. BOXES NOT ACCEPTABLE) _____																				
HOME TELEPHONE NUMBER _____ BUSINESS TELEPHONE NUMBER _____ CELLULAR TELEPHONE NUMBER _____																				
BUSINESS NAME _____																				
MAILING ADDRESS OF BUSINESS _____ CITY _____ STATE _____ ZIP CODE _____																				
AUTHORIZED REPRESENTATIVE _____ ISSUANCE DATE OF CORPORATION _____																				
2.)	<p style="color: red; margin: 0;"> 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 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 </p>																			
AGENT OF SERVICE NAME: _____ TELEPHONE NO. _____																				
ADDRESS: _____ CITY _____ ZIP CODE _____																				
LIST NAME AND ADDRESS OF ALL PARTNERS OR CORPORATE OFFICERS																				
<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 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 NO.												
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CORPORATIONS MUST BE FILED WITH THE RHODE ISLAND SECRETARY OF STATE'S CORPORATION DIVISION PRIOR TO FILING WITH THE CONTRACTORS' REGISTRATION and LICENSING BOARD. COPY OF FILED CORPORATE PAPERS REQUIRED PRIMARY BUSINESS: _____																				
DO YOU PRIMARILY PERFORM (CHECK ONE): <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REMODELING <input type="checkbox"/> SUB-CONTRACTOR <input type="checkbox"/> OTHER _____																				
3.)	REQUIRED AFFIDAVIT ATTACHED R.I. GEN.LAW 5-65-5(f). (must be notarized) PROOF OF 5 HRS OF CONTINUING EDUCATION UNITS PROVIDED TO THE BOARD PURSUANT TO RIGL 5-65-5(e).			YES	NO															

