

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

Education Provider Certification Application

Pursuant to C.R.L.B. Rules & Regulations 3.8

Section 1 – Education Provider Information

- INDIVIDUAL PROPRIETOR / INSTRUCTOR
- PARTNERSHIP
- CORPORATION OR LLC\*
- NEW PROVIDER
- EXISTING PROVIDER

PRINT YOUR NAME AND BUSINESS NAME EXACTLY AS THEY WILL APPEAR ON YOUR CERTIFICATE.

Business Name Date Established FEIN#

Principal / Responsible Person Date of Birth Driver's License # State

Business Address (P.O. BOXES NOT ACCEPTABLE) City State Zip Code

Business Phone Number Cell Phone Number Fax Number

E-Mail Web Address

INFO/TITLE OF ALL OWNERS, PARTNERS, MEMBERS or CORPORATE OFFICERS:

Name TITLE Address DOB Driver's # State

Blank lines for providing owner/partner/member/officer information.

\* CORPORATIONS OR LLCs MUST BE PROPERLY REGISTERED AND FILED WITH THE RHODE ISLAND SECRETARY OF STATE'S OFFICE PRIOR TO FILING A PROVIDER APPLICATION WITH THE CONTRACTORS' REGISTRATION AND LICENSING BOARD.



Section 3 – Training Delivery/Facility

Refer to Section 3.8.8 of the CRLB Administrative Rules and Regulations for training facility requirements.

Will you be conducting:  Live (Instructor) Training and/or  Online Training?

Do you have access to a permanent Training Facility?  Yes  No

If yes, is this facility located at the business address listed on this application?  Yes  No

Address if other than listed business address: \_\_\_\_\_

Is facility ADA compliant?  Yes  No, if No facility is unacceptable and is not approved for any training.

Section 4 – Insurance and Workers Compensation Coverage

Evidence of insurance coverage, required by Section 3.8.8 of the CRLB Administrative Rules and Regulations, must be submitted with this application and must indicate that the insurance carrier will notify the Contractors’ Registration and Licensing Board upon cancellation of coverage.

Do you currently have \$1,000,000 liability insurance policy?  Yes  No

If Yes, liability carrier and policy number:

\_\_\_\_\_  
Carrier Policy# Expiration Date

\_\_\_\_\_  
Agency Name Telephone Number

Do you have, or plan to hire, one or more employees?  Yes  No

If Yes, Workers Compensation carrier and policy number:

\_\_\_\_\_  
Carrier Policy #

Section 5 – Fees and Certificate Term

Included with this application, reference letter, and proof of required insurance coverage(s) together with a check payable to the Contractors’ Registration and Licensing Board in an amount specified below:

Certification/Recertification fee: \$250

Course Credit Hours: A charge of \$100 for each credit hour, for each course that is being provided.

Contractor’s Continuing Education Provider Certifications are valid for a period of five (5) years from the date of approval. Providers must renew a Certificate sixty (60) days prior to its expiration.

BOARD USE ONLY

Date of Filing: \_\_\_\_\_ Application is:  Approved  Denied  Pending

Date Approved: \_\_\_\_\_

Certificate #: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Printed Name of Executive Director

