

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**



**CONTRACTORS' REGISTRATION and LICENSING BOARD**  
 560 Jefferson Blvd  
 Suite 200  
 Warwick, RI 02886-1371

Office (401)921-1590  
 FAX (401)889-5533  
 FAX (401)889-5535  
 www.crb.ri.gov

**CONTRACTORS' REGISTRATION APPLICATION**

1.)	A. <input type="checkbox"/> <b>INDIVIDUAL PROPRIETOR                  REGISTRATION FEE                  \$200.00 2 YEARS</b>	B. <input type="checkbox"/> <b>PARTNERSHIP REGISTRATION                  FEE \$200.00 2 YEARS                  * ADDITIONAL CERTIFICATES                  ISSUED                  TO PARTNERS                  \$20.00 EACH</b>	C. <input type="checkbox"/> <b>CORPORATION OR LLC                  REGISTRATION FEE                  \$200.00 2 YEARS                  * ADDITIONAL CERTIFICATES                  ISSUED                  TO OTHER OFFICERS                  \$20.00 EACH</b>	Check box below of structures you will be working on. <input type="checkbox"/> Commercial Structures <input type="checkbox"/> Residential Structures <input type="checkbox"/> Residential & Commercial Structures																
<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. _____ <div style="text-align: right;">(OFFICE USE ONLY)</div>																				
Name: _____ Date of Birth _____ (PRINCIPAL RESPONSIBLE)																				
E-Mail _____ Mailing Address (P.O. BOXES MUST BE ACCOMPANIED BY A PHYSICAL ADDRESS) _____																				
Home Phone Number _____ Business Phone Number _____ Cell Phone Number _____																				
Business Name _____ Web Address _____																				
Physical Address _____ City _____ State _____ Zip Code _____																				
Authorized Representative _____																				
2.)	<b>PROVIDE INFORMATION OF ALL PARTNERS OR ADDITIONAL CERTIFICATE 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.																				
3.)	<b>No registration shall be issued to an out-of-state 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>																			
AGENT OF SERVICE NAME: _____ TELEPHONE NO. _____																				
ADDRESS _____ CITY _____ ZIP CODE _____																				
4.)	<b>REQUIRED FORM ATTACHED R.I. GEN.LAW 5-65-5(f). (SIGNED BY PRINCIPAL)</b>			YES	NO															

**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.**

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**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:**

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**8.)**

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

ROOFING (RESIDENTIAL)  OTHER \_\_\_\_\_

**9.)**

**I HEREBY DECLARE, UNDER THE PAINS AND PENALTIES OF PERJURY, THAT ANY CORPORATION OR LLC 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 AS LONG AS I AM WORKING AS A CONTRACTOR IN THE STATE OF RHODE ISLAND, I HAVE OBTAINED TO COVER ALL ASPECTS OF WORK TO BE PERFORMED 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.**

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SIGNATURE OF (PRINCIPAL/ RESPONSIBLE) \_\_\_\_\_ DATE \_\_\_\_\_

---

PRINT NAME OF (PRINCIPAL/ RESPONSIBLE) \_\_\_\_\_

**10.)**

**HAVE YOU COMPLETED YOUR MANDATORY PRE-REGISTRATION 5 HOUR COURSE IF YOU WILL BE WORKING ON ANY RESIDENTIAL STRUCTURES? Commercial work ONLY is exempt from the educational requirements. If yes, please submit a copy of your certificate of completion with this application.**

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

**11.)**

**SEND THIS APPLICATION AND THE APPROPRIATE FEE (\$200.00) TO:**

CONTRACTORS' REGISTRATION AND LICENSING BOARD  
560 JEFFERSON BLVD. SUITE 200, WARWICK, RI 02886  
REGISTRATION CERTIFICATE WILL BE PROCESSED AT THAT TIME. ADDITIONAL CERTIFICATES FOR PARTNERS OR CORPORATE OFFICERS IN SECTION (2) REQUIRE A \$20.00 FEE PER CERTIFICATE.  
**MAKE CHECKS OR MONEY ORDERS PAYABLE TO C.R.L.B.**  
ALL FEES, FORMS, PRE-REGISTRATION COURSE CERTIFICATE and CORPORATION PAPERS MUST ACCOMPANY THIS APPLICATION.