



**Rhode Island Department of Business Regulation
Division of Building, Design & Fire Professionals
STATE BUILDING OFFICE**

EDUCATION PROVIDER APPLICATION

Please type or print legibly. Incomplete or unreadable applications will be returned. Please allow 7-10 business days for processing

APPLICANT INFORMATION			
Type of Registration Requested:	New	Renewal #	Fee: Two Hundred-Fifty (\$250) Dollars
Name:		Driver's License #:	
Mailing Address			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:	Email:	
Name of Principal / Responsible Person:			
BUSINESS INFORMATION			
Entity Name:		Phone Number:	
Website Address:			
Mailing Address (if different):			
City:	State:	Zip Code:	
Type of Entity:	Individual	Sole Proprietor	Partnership Corporation LLC
This entity is currently and properly registered with the Rhode Island Secretary of State: Not applicable Yes No			
Provide Information for Partnership / Corporate Officers / Directors			
Name	Address	Date of Birth	Driver's License Number

TRAINING DELIVERY/FACILITY			
Types of Training Offered	Live Training	Online Training	Other _____
Permanent Training Facility?	Yes No	Address	
Temporary Training Facilities	Addresses		
I certify that all facilities shall be ADA compliant		Online Only	Yes No

LIABILITY INSURANCE

440-RICR-10-00-00-1.8 requires that every Educational Provider shall have in effect liability insurance in not less than the following amount: one million dollars (\$1,000,000).

Policy Holder:	Policy Number:
Insurance Agency Name:	Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

WORKER'S COMPENSATION INSURANCE

Do you, or does the entity, have or plan to have one (1) or more employees? Yes No	FEID #
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If yes, then pursuant to R.I. Gen. Law § 28-29-1, *et seq.*, you are required to provide Workers Compensation Insurance that is recorded with the R.I. Department of Labor and Training and shall remain in effect for as long as one (1) or more persons are employed.

Policy Holder:	Policy Number:
Insurance Agency Name:	Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

AGENT OF SERVICE (Non-resident applicants only)

No registration shall be issued to a non-resident applicant 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) 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 have been served upon his or her registered agent is of the same force and effect as if served on the non-resident applicant, and that the force continues irrevocably until such time as the Board has been duly notified in writing of any change.

Agent of Service Name: _____ Telephone Number: _____

Address: _____

TAX PAYER STATUS

Pursuant to R.I. Gen. Laws, § 5-79-1, *et seq.*, any person applying for or renewing any license, permit, or other authority to conduct business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator?

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? Not applicable Yes No

ACKNOWLEDGEMENTS

(Each box must be checked)

I swear, under the pains and penalties of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies, and/or failure to make full disclosures may be deemed sufficient reason to deny or revoke licensure by the Rhode Island Department of Business Regulation:

That I understand and agree to comply with all laws, rules, regulations, and industry standards to the best of my ability; and

That I shall participate and make good faith efforts to resolve all complaints, violations, and/or contested cases within the jurisdiction of the Board. Failure to do so shall result in the Board taking action against me to the extent allowable by law, including suspension or revocation of my Educational Provider Certification, without which I cannot offer continuing education courses.

Signature

Date

Print

SUBMISSION

Submit this application, with all supporting documents and fee to:

RI Contractors' Registration and Licensing Board
560 Jefferson Boulevard
Warwick, RI 02886

Make Checks Payable to RI CRLB

OFFICE USE ONLY

Date Received:

Application Complete?

Yes No

Documentation of Public Liability and Property Damage Insurance (\$1,000,000)

Yes No

Documentation of Worker's Compensation Insurance

Not applicable Yes No

Documentation of Agent of Service

Not applicable Yes No

Application Approved?

Yes No

Educational Provider Number Issued:

Fee Submitted:

Yes No