



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

**NON-REGISTERED/NON-LICENSED INSTRUCTOR APPROVAL APPLICATION**

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

BUSINESS INFORMATION			
Entity Name:		Provider Number:	
Website Address:		Email:	
Mailing Address (if different):			
City:	State:	Zip Code:	
INSTRUCTOR INFORMATION			
Name:	Date of Birth		Driver's License #:
Mailing Address			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:	Email:	
Name of Principal / Responsible Person:			
Have you ever, or do you currently, hold any professional licenses or registrations in this or any other state? Yes      No			
If yes, provide license type, state(s) and number(s)			
Have you ever been denied, or had any professional licenses or registrations suspended or revoked? Yes      No			
If yes, please explain:			
Briefly Describe Educational / Industry Experience / Qualifications. (Must submit resume)			
What Courses / Topics are you Requesting Authorization to Instruct?			

## 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 authorization 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 Instructor Authorization, without which I cannot teach continuing education courses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

## SUBMISSION

Submit this application, with all supporting documents to:

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

Or via Email at [RICRB@doa.ri.gov](mailto:RICRB@doa.ri.gov) Or via Fax (401) 889-5533

## OFFICE USE ONLY

Date Received:

Application Complete?

Yes  No

Resume Attached?

Yes  No

Application Approved?

Yes  No