



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

REQUEST FOR EXEMPTION TO CONTINUING EDUCATION REQUIREMENT

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

APPLICANT INFORMATION		
Name:	Registration/License #:	
Date of Birth:		
Residential Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Phone Number:	Cell Phone:	Email:

EXEMPTION REQUESTED
<p>I am requesting a six-month extension to complete my continuing education requirements. I understand that I can request this extension once per renewal cycle and that the continuing education taken to fulfill the exemption cannot be used in a subsequent renewal cycle. I further understand that there is a one hundred dollar (\$100.00) fee to do so.</p>
<p>I am requesting that the Board or the Director defer or waive some, or all, of the pre-education or continuing education requirements for good cause. Good cause may include, but not be limited to, illness, incapacitation, disability, (which is supported by a medical documentation) or military service. Describe the good cause.</p>

ACKNOWLEDGEMENTS
<p>(Each box must be checked)</p> <p>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:</p> <p>That I understand and agree to comply with all laws, rules, regulations, and industry standards to the best of my ability; and</p> <p>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 license, without which a contractor cannot perform work in the state of RI.</p> <p>_____</p> <p align="center">Signature</p> <p align="right">_____</p> <p align="right">Date</p> <p>_____</p> <p align="center">Print</p>

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	
Application Approved?		Yes No		Fee Submitted:		Not applicable Yes No	
Application Approved By:				Expiration Date (6 months)			