



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Department of Administration  
**CONTRACTORS' REGISTRATION AND LICENSING BOARD**  
 One Capitol Hill  
 Providence, RI 02908-5859

Office (401)222-1270  
 TDD (401)222-6334  
 FAX (401)222-1940  
 www.crb.ri.gov

**UNDERGROUND UTILITY LICENSE APPLICATION**

<b>1.)</b>	<b>A.</b> <input type="checkbox"/> <b>INDIVIDUAL PROPRIETOR          LICENSE FEE          \$200.00 for 2 YEARS</b>  * PLUS A \$10.00 PICTURE ID FEE	<b>B.</b> <input type="checkbox"/> <b>PARTNERSHIP LICENSE          FEE \$200.00 for 2 YEARS*</b> <b>Partner card for permitting use only          \$20.00*</b>  *PLUS A \$10.00 PICTURE ID FEE	<b>C.</b> <input type="checkbox"/> <b>CORPORATION OR LLC LICENSE          FEE \$200.00 for 2 YEARS*</b> <b>Officer, member card for permitting use only          \$20.00*</b>  * PLUS A \$10.00 PICTURE ID FEE												
<b>ALL LICENSES EXPIRE ON THE FIRST OF THE MONTH.          PRINT/TYPE YOUR NAME AND BUSINESS NAME EXACTLY AS THEY WILL APPEAR ON THE LICENSE.</b>															
Driver's License State _____ No. _____ License No. _____ <div style="text-align:right;">(OFFICE USE ONLY)</div>															
Name: _____ Date of Birth _____ <i>(PRINCIPAL RESPONSIBLE)</i>															
_____ E-Mail _____ Address (P.O. BOXES NOT ACCEPTABLE)															
Home Phone Number _____ Business Phone Number _____ Cell Phone Number _____															
Business Name _____ Web Address _____															
Mailing Address of Business _____ City _____ State _____ Zip Code _____															
FEIN # _____															
<b>2.)</b>	<b>PROOF OF RHODE ISLAND STATE RESIDENCY IS REQUIRED</b>														
<p>No license shall be issued to a nonresident underground utility 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 underground utility contractor, and that the force continues irrevocably in force until such time as the Board has been duly notified in writing of any change.</p>															
AGENT OF SERVICE NAME: _____ TELEPHONE NO. _____															
ADDRESS _____ CITY _____ ZIP CODE _____															
<b>3.)</b>	<b>ADDITIONAL Partnership, Corporation and LLC License Cards ( for permitting use only)</b>														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Name _____</td> <td style="width:33%;">Address _____</td> <td style="width:17%;">Driver's License _____</td> <td style="width:17%;">Date of Birth _____</td> </tr> <tr> <td>Name _____</td> <td>Address _____</td> <td>Driver's License _____</td> <td>Date of Birth _____</td> </tr> <tr> <td>Name _____</td> <td>Address _____</td> <td>Driver's License _____</td> <td>Date of Birth _____</td> </tr> </table>				Name _____	Address _____	Driver's License _____	Date of Birth _____	Name _____	Address _____	Driver's License _____	Date of Birth _____	Name _____	Address _____	Driver's License _____	Date of Birth _____
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<b>4.)</b>	<b>CURRENT DEPARTMENT OF LABOR AND TRAINING HOISTING ENGINEERS LICENSE TO SATISFY R.I.G.L. § 5-65.3.4 -(a)- (1)</b>														
LICENSE NUMBER _____ EXPIRATION DATE _____															
<b>5.)</b>	<b>SUPPLIED TWENTY THOUSAND DOLLAR (\$20,000) BOND <u>VALID FOR TWO YEARS</u> PURSUANT TO RIGL §5-65.3-10</b>														
BOND CARRIER _____ BOND NUMBER _____ \$ _____ BOND AMOUNT _____															

6.)	<p><b>CURRENT/PREVIOUS LICENSE</b></p> <p>CITY / TOWN _____ LICENSE NUMBER _____ EXPIRATION DATE _____</p> <p>Pursuant to R.I.G.L. § 5-65.3-7, a license may be issued to an applicant without examination between January 1, 2015 and June 30, 2015 if the applicant has previously been granted a drain layer/ underground utility contractor license by any Rhode Island city/ town within the last 5 years.</p>
7.)	<p><b>REQUIRED LIABILITY INSURANCE: R.I.G.L. §5-65.3.4-(a)-(2)</b></p> <p>YOU ARE REQUIRED TO HAVE IN EFFECT, THROUGHOUT THE PERIOD OF LICENSE, PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE IN THE MINIMUM AMOUNT OF \$1,000,000 COMBINED SINGLE LIMIT, BODILY INJURY, AND PROPERTY DAMAGE. FAILURE TO MAINTAIN THIS INSURANCE WILL RESULT IN TERMINATION OF YOUR LICENSE. 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 LICENSEE'S INSURANCE POLICY.</p> <p>NAME OF LIABILITY INSURANCE CARRIER _____ POLICY NUMBER _____</p> <p>INSURANCE AGENCY NAME _____ TELEPHONE NUMBER _____</p> <p>AGENCY ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____</p>
8.)	<p><b>EMPLOYEES: DO YOU NOW HAVE, OR DO YOU PLAN TO HIRE, EMPLOYEES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I HEREBY VERIFY THAT WORKERS 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 LICENSE IS IN EFFECT AND I EMPLOY ANY PERSONS, I HAVE AND WILL CONTINUE TO CARRY THE REQUIRED WORKERS COMPENSATION INSURANCE.</p> <p>Workers Compensation Carrier _____ Policy # _____</p>
9.)	<p><b>TESTING:</b></p> <p>As of January 1, 2015, if you have not been previously licensed as a drain layer/ underground utility contractor with any city or town in Rhode Island, you are required to take and pass a written examination approved by the Contractors' Registration and Licensing Board. Additional partners, corporate officers, and LLC members requesting a license must each meet the licensing requirements of R.I.G.L. § 5.65.3-4.</p> <p>CERTIFICATE OF PASSING EXAM SUPPLIED BY APPLICATANT YES <input type="checkbox"/> NO <input type="checkbox"/></p>
10.)	<p><b>REQUIRED AFFIDAVIT ATTACHED (SIGNED BY PRINCIPAL AND NOTORIZED)</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>
11.)	<p><b>SIGN IN THE PRESENCE OF NOTARY: I HEREBY VERIFY THAT ANY CORPORATION 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 FOR AS LONG AS THIS CONTRACTORS' REGISTRATION AND LICENSING BOARD IS IN EFFECT, I HAVE 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. I HEREBY ACKNOWLEDGE THAT MY GENERAL LIABILITY INSURANCE POLICY HAS BEEN OBTAINED TO COVER ALL ASPECTS OF WORK TO BE PERFORMED:</b></p> <p>_____ SIGNATURE OF (PRINCIPAL/ RESPONSIBLE) DATE _____</p> <p>_____ PRINT NAME OF (PRINCIPAL/ RESPONSIBLE)</p> <p>_____ SIGNED OR ATTESTED BEFORE ME ON</p> <p>STATE OF _____ COUNTY OF _____</p> <p>MY COMMISSION EXPIRES _____ NOTARY PUBLIC _____</p>
12.)	<p><b>SEND THIS APPLICATION AND THE APPROPRIATE FEES TO:</b></p> <p>THE DEPARTMENT OF ADMINISTRATION CONTRACTORS' REGISTRATION AND LICENSING BOARD, ONE CAPITOL HILL, PROVIDENCE, RI 02908.</p> <p>LICENSE WILL BE PROCESSED AT THAT TIME. <b>MAKE CHECKS OR MONEY ORDERS PAYABLE TO R.I.C.R.L.B.</b> ALL FEES, AFFIDAVIT, INSURANCE, BOND, CERTIFICATE OF PASSING EXAM (IF REQUIRED) and CORPORATE PAPERS MUST ACCOMPANY THIS APPLICATION.</p>