

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**



Onsite Wastewater Treatment Systems Program  
 Office of Water Resources  
 235 Promenade Street, Providence, RI 02908-5767  
 Tel. (401) 222-3961; Email: [DEM.OWTS@dem.ri.gov](mailto:DEM.OWTS@dem.ri.gov)  
[www.dem.ri.gov/septic](http://www.dem.ri.gov/septic)



**APPLICATION FOR SOIL EVALUATOR LICENSE EXAM**

**FOR DEM USE ONLY**

Date Received \_\_\_\_\_ Check No. \_\_\_\_\_ Amt. Received \_\_\_\_\_ Code 17B

**INSTRUCTIONS**

1. Read all instructions and questions carefully before completing this application.
2. Do not write in the box above labeled "For DEM Use Only".
3. All information must be printed in ink or type written.
4. Fill out all sections completely, including your signature.
5. Attach a photograph to the application where indicated.
6. Include the non-refundable application fee of \$50.00. Fees should be paid by check or money order made payable to:  
**GENERAL TREASURER, STATE OF RHODE ISLAND.**
7. Send application and fee to: **Department of Environmental Management, Office of Water Resources, 235 Promenade Street, Providence, RI 02908.**

**PHOTOGRAPH**

Attach unmounted recognizable photograph in this space with face not more than 1 inch and not less than ¾ inches wide. Photo must be taken not more than six months prior to filing application.

Within 30 days of receipt of an application, the applicant shall be notified of their eligibility status. If the applicant is deemed ineligible, the Department shall provide the applicant with reasons for the determination. The applicant may appeal the Director's decision of ineligibility with the Administrative Adjudication Division.

**GENERAL INFORMATION**

Last Name	First Name	MI	Date of Birth _____ / _____ / _____
Residential Mailing Address Line 1		<b>Business Mailing Address (Company)</b>	
Residential Mailing Address Line 2		<b>Business Mailing Address Line 1</b>	
City	State	<b>Business Mailing Address Line 2</b>	
( _____ ) _____ Telephone		<b>Business City</b>	State      Zip
Email Address		( _____ ) _____ <b>Business Telephone (with extension if applicable)</b>	
Social Security Number: _____		<b>Business Email Address</b>	

**EMPLOYMENT HISTORY**

List relevant work experience in soil studies and percolation testing for septic system design in RI or in soil classification, mapping, interpretation or a combination thereof. **DO NOT list unrelated work experience.** Attach additional sheets if necessary.

**Current employment**

Name of employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date employed from: \_\_\_\_\_ to: \_\_\_\_\_ total # of yrs. employed \_\_\_\_\_  
 Duties: \_\_\_\_\_

**Past employment**

Name of employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date employed from: \_\_\_\_\_ to: \_\_\_\_\_ total # of yrs. employed \_\_\_\_\_  
 Duties: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date employed from: \_\_\_\_\_ to: \_\_\_\_\_ total # of yrs. employed \_\_\_\_\_  
 Duties: \_\_\_\_\_

**PREREQUISITES (check appropriate box)**

9 Semester Hours **or**  Professional Soil Scientist (Provide registration # below and attach copy of certificate)

SSSSNE Registration # \_\_\_\_\_

ARCPACS Registration # \_\_\_\_\_

Have you ever possessed a professional license or certificate, which is related to soil science or OWTS design work, which was revoked, suspended or which has expired? Yes  No

If yes, what type of license \_\_\_\_\_.

If yes, please give date of revocation, suspension or expiration \_\_\_\_\_.

**EDUCATION**

Provide copies of diplomas and/or college transcripts.

EDUCATIONAL BACKGROUND	NAME & ADDRESS OF INSTITUTION	YEARS ATTENDED		DATE OF GRADUATION	DEGREE GRANTED
		From	To		
College/University					
College/University					

List courses fulfilling the required 9 credit/semester hours in soil science stipulated in the List of Approved Soil Courses. Attach transcripts or grade reports with these specific courses highlighted.

Title: \_\_\_\_\_ Credits/Sem. hrs.: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Institution: \_\_\_\_\_

Title: \_\_\_\_\_ Credits/Sem. hrs.: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Institution: \_\_\_\_\_

Title: \_\_\_\_\_ Credits/Sem. hrs.: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Institution: \_\_\_\_\_

**EXAMINATION**

Please check the component(s) of the examination for which you are applying<sup>NOTE</sup>: FIELD  WRITTEN

**NOTE:** The written and field examinations do not have to be passed concurrently. However, if more than three years elapse before both components of the exam are passed, the portion of the exam which was originally passed, must be retaken.

**EXAM SCHEDULING:** All OWTS licensing examinations are administered once annually. When the examination schedule is established, it is posted to the RIDEM website <http://www.dem.ri.gov/>; click the vertical tab "Permits & Licenses"; on the right side of the screen select from the top group of links "Septic (ISDS/OWTS) Licensing"; from the upper group of links on the right side of the screen, select "Exam Schedule". Schedule information may also be obtained by calling the OWTS Program at 401-222-3961.

**AFFIDAVIT**

**A. Certification of Required Professional Credential(s) and truthfulness of information on this application**

All statements made on this application and in support thereof are true and complete to the best of my knowledge and belief and this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

**B. Certification of Fulfillment of Rhode Island Tax Obligations**

Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any persons renewing a motor vehicle operator's license or motor vehicle registration with Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

I, the undersigned, certify that sections A. and B. checked (☑) above in this box are true.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary \_\_\_\_\_ My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)